

# District 4 C5 Request for Reimbursement of Expense

<b>Name</b>		<b>District Position</b>	
<b>Address</b>		<b>Phone # E-mail</b>	
<b>Purpose</b>		<b>Approved by</b>	
<b><u>Expenses</u></b> Vendor Name/Location	<b>Date of Expense</b>	<b><u>Details</u></b> Explanation of Expense	<b><u>Amount Requested</u></b>
		<b>Purpose:</b>	<b>0.00</b>
		<b>Purpose:</b>	<b>0.00</b>
		<b>Purpose:</b>	<b>0.00</b>
		<b>Purpose:</b>	<b>0.00</b>
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		<b>Purpose:</b>	<b>0.00</b>
		<b>Purpose:</b>	<b>0.00</b>
		<b>Purpose:</b>	<b>0.00</b>
<b>Subtotal</b>			<b>\$</b>
<b>Less amount previously paid by District</b>			<b>\$( )</b>
<b>Total amount of Reimbursement Requested</b>			<b>\$</b>
<b><u>Signature -</u></b>		<b><u>Date:</u></b>	

**Please attach all receipts for each of the above listed expenses, sign the form and return to the Cabinet Treasurer for reimbursement.**

*Email to:* zennyagen@aol.com

*or Mail to:* CT Zenny Yagen  
8779 Corbally Court  
Elk Grove, CA 95624