

District 4 C5 *Request for Reimbursement of Expense*

Name:	District Position:
Address:	Phone: Email:
Purpose: Request for Reimbursement	Approved by:

<u>Expenses</u> Vendor Name/Location	Date of Expense	<u>Details</u> Explanation of Expense	<u>Amount Requested</u>
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
		Purpose:	\$
Subtotal			\$
Less amount previously paid by District			\$ ()
Total amount of Reimbursement Requested			\$

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

Email to: sheriretzlaff@sbcglobal.net
or
or Mail to: CT Sheri Retzlaff
 6921 Mitchlen Court
 Sloughouse, CA 95683