



2017-18 District Reimbursement Form

Payee (person to be paid): _____

Address (where to Mail the Check): _____

Activity or Event: _____

Reimbursement Amount (attach original receipts): _____

Name of Person Making Request: _____

Date Submitted: _____

Authorized Signature of Approval - Committee Chair*: _____

If the chairperson is not available to sign, please include an e-mail with authorization.

Send this completed form with receipts to:

**Conrad Davis, District 5180 Treasurer
c/o Crowe Horwath
400 Capital Mall, Suite 1400
Sacramento, CA 95814**

E-mail to: conrad.davis@crowehorwath.com

FOR DISTRICT USE ONLY

Approved by _____

Check Number _____

Amount _____

Accounting/Allocation _____