



2016-17 District Reimbursement Form

Payee (person to be paid): _____

Address to Mail the Check: _____

Activity or Event: _____

Reimbursement (attach original receipts): _____

Name of Person Making Request: _____

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:

Linda Geery, District 5180 Treasurer

c/o Gilbert Associates, Inc.

2880 Gateway Oaks Drive, #100

Sacramento, CA 95833

E-mail to: **linda@gilbertcpa.com**

For District Use

Approved by _____

Check Number _____

Amount _____

Accounting Allocation _____