

Expense Reimbursement - Payment Request 2023-2024

Form must be completed entirely for reimbursement. Use Adobe Acrobat Reader to enable calculation feature.

Requested by:					
	Phone:		ell:		
Reimburse me	or Pay invoice directly	Pay invoice directly		Invoice/Receipts attached	
Date of Expense		tem or Service and <u>District</u>	Purpose)	Amount	
•					
Date of This Request:			Total		
Signature of Rec	questor:			_	
District Governo	or Signature:	Treasurer Si	gnature:		
Make Check Payab	ole to:				
Mail Che	ck to:				

All expense requests go to the Treasurer for initial review.

Email Request Form with Receipts or Invoice to:

Bob Deering - bobdeering5180@gmail.com