



2015-2016 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 Chair person is not available to sign, please include an e-mail with authorization

Send this Completed Form with Receipts to:

Russell Trumm – District Treasurer

2540 Douglas Blvd Roseville, CA 95661

E-mail to: russell@trumms.com

For District Use

Approved By

Check Number

Amount

Accounting Allocation
