



Reimbursement Request

Issue Check to:

Employee Name: _____

Address: _____

Amount: \$ _____

*** Attach receipt (taped flat to 8.5 x 11 paper), invoice, flyer, brochure, etc. with date and cost/expense noted*

Purpose of Expense: _____

Please check: Shelter (109) CBS (110) Children's (105)
 Civilian (107) Legal (106) Cmty Ed/Prevtn (108)
 Admin (101) FR/Devt. (104)

Employee signature date

Executive Director's signature date

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Funding Source:     DPH     VOCA CBS     VOCA Legal  
                           VAWA)     grant/other \_\_\_\_\_

