

# *Reimbursement Request*

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Amount: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

For Purchase of: \_\_\_\_\_

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For Department or Ministry: \_\_\_\_\_

Charge to account number: \_\_\_\_\_

Purchase authorized by: \_\_\_\_\_

*Please allow 7 days to process*

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Mail check to address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_

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**OR:** \_\_\_\_\_ I prefer to pick up the check.

Please call me at \_\_\_\_\_ when it is ready.

*Please attach receipts.*