REQUEST FOR REIMBURSEMENT

From CSSDA TREASURER

Date _____

CSSDA _____ **Committee**

Please Reimburse:

Name_____

Address_____

City_____ **State**_____ **Zip**_____

For _____ **$** _____

_____ **$** _____

_____ **$** _____

_____ **$** _____

TOTAL **$** _____

Please attach receipts

(Reimbursement rate is at the Government rate,, supported by odometer reading or map mileage) (Please indicate which is used.)

These funds should be taken from the budget for: _____

Signature: _____

Paid By: _____

Check Number: _____

Date: _____

Revised Jan 2024