



## REIMBURSEMENT REQUEST

Person Submitting Request:	Phone Number:
E-Mail Address:	Committee:

**APPROVED BY:** \_\_\_\_\_

Description of Item(s):
<small>Attach original receipts to top back of this form. Retain a copy of this form and receipts for your records.</small>

Make Check Payable to:	Amount Requested:
Address of Payee:	

- Pick-up check at Maidu Office
- Mail to Address of Payee

**Disbursement Location:**