



Reimbursement Request

REIMBURSEMENT REQUESTED FOR:	Name		
	Address:		
	Phone:		
Purpose:			

SUBMITTED BY:	Name		
	Committee / Position:		

DATE	DESCRIPTION	TOTAL
Total amount of Expenses		
Cash advance you received, if any		
Balance to be Reimbursed		

Requesting Signature: _____ Date Submitted: _____

Send to Todd Hamburg at hamburgatc@gmail.com or
Mail it to 8406 Belmont Valley St. Las Vegas NV 89123

Amount Paid: _____	Check #: _____	Check Date: _____
Account: _____	Category: _____	
Approved By: _____		