

Address: 5810 Carpenter Ave, Des Moines, IA 50311 Phone: 515-277-0178

**Reimbursement Request**

YOUR NAME: PHONE:

PROJECT/CATEGORY:

DATE SUBMITTED: DATE MAILED:

REASON FOR REIMBURSEMENT:

\_\_\_\_ INCLUDED IN OR \_\_\_\_ APPROVED AT MEETING

ANNUAL BUDGET (DATE: / / )

CHECK PAYABLE TO: AMOUNT:

 $

FULL ADDRESS: (Your check will be mailed to you)

Receipt(s) totaling the amount of reimbursement must be attached:

APPROVED BY (PTC OFFICER) DATE:

APPROVED BY (PTC OFFICER) DATE:

For Treasurer’s Use Only: Category\_\_\_\_\_ Check #\_\_\_\_\_ Date\_\_\_\_\_ Logged\_\_\_\_\_