

Serving the Greater Rochester Area Since 1991

Expense Reimbursement Application

Name of Requester: _____ Date: _____

Address (send payment to): _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Reimbursement is requested for items as follows (attach original receipts for each item):

Item: _____ Expense: \$ _____

Item: _____ Expense: \$ _____

Item: _____ Expense: \$ _____

Item: _____ Expense: \$ _____

Item: _____ Expense: \$ _____

TOTAL: \$

1. Check all relevant expense categories.
2. If items belong in more than 1 category, note dollar value for each category in space provided.
3. Totals should equal expense TOTAL listed above.

- | | | |
|---|--|---|
| <input type="checkbox"/> Buddy Walk _____ | <input type="checkbox"/> Meeting Expense _____ | <input type="checkbox"/> Social Group (B-6) |
| <input type="checkbox"/> Charitable Gift _____ | <input type="checkbox"/> Office Supplies _____ | <input type="checkbox"/> Social Group (7-12) |
| <input type="checkbox"/> Seabreeze Picnic _____ | <input type="checkbox"/> Postage _____ | <input type="checkbox"/> Social Group (13-18) |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Holiday Party _____ | <input type="checkbox"/> Social Group (19+) |

Signature of person completing form: _____

Date: _____

Original receipts are required prior to disbursement of funds. Keep a copy of your receipts and this submission for your own records. Submit complete (signed) application, with original receipts, to:

FCDSN Reimbursement Programs, 2117 Buffalo Road #132, Rochester, NY, 14624

Do Not Write In Box Below

Reply Mailed On: _____ Check # _____ Amount: \$ _____

Entered: Date: _____



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Notes: