



Reimbursement Form

Fill out the form below completely. All receipts should be attached to the form and emailed to samantha@pdcaofsacramento.com. All hours reported will receive a 1099.

Date(s) _____

Budget Category _____

Approver Name _____

Submitted by _____

Phone _____

Email _____

Send Check to (name) _____

Address _____

City/State/Zip _____

Description of Purchase

Hours/Amount

Total Hours @ \$75.00 Rate

/

Travel/Mileage

Lodging

Meals

Total

Treasure Use Only:

Check Number: _____ Amount: _____ Date: _____

Budget Category: _____ Authorized By: _____