

CITY OF NORTH PLAINS
31360 NW COMMERCIAL STREET
NORTH PLAINS, OR 97133
(503)647-5555

REIMBURSEMENT FORM

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

REIMBURSEMENT IS REQUESTED FOR THE FOLLOWING ITEMS:

	<u>DATE</u>	<u>ITEM</u>	<u>FUND</u>	<u>AMT</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

PLEASE ATTACH ALL RECEIPTS & DOCUMENTATION TO VALIDATE REIMBURSEMENT

EMPLOYEE SIGNATURE

APPROVED