



LATINO NETWORK

REQUEST FOR REIMBURSEMENT OR PAYMENT

This form is to be used for reimbursements, corporate card use, or payments.

DATE: _____

NAME: _____

ADDRESS: _____

 CITY STATE ZIP

PHONE: _____

E-MAIL ADDRESS

EVENT/BUDGET: _____

ORIGINAL BACK-UP DOCUMENTATION HAS BEEN ATTACHED FOR THE FOLLOWING :

DATE	ITEM DESCRIPTION	AMOUNT	Gray Area For Office Use Only
			Gray Area For Office Use Only
			Approved in Budget
			(Y) (N)
			Paid With Debit Name Holder
			Paid With Check Number
Note: <u>No</u> receipt older than 20-days will be considered for reimbursement.		TOTAL AMOUNT OF REQUEST	\$ -

SIGNATURE

DATE

AUTHORIZATION SIGNATURE _____
TITLE

DATE