

REQUEST FOR REIMBURSEMENT FOR SUPPLY PURCHASES BY ANR VOLUNTEERS

Street Address Email (Optional)	Payee Ir	nformation	n:				
Is payee a current or emeritus UC employee? Yes No	Name				none		
REIMBURSEMENT POLICIES - Comply with all requirements as listed in order to receive reimbursement: 1. Include original receipts (no copies) ** 4-H - Please include the SIGNED Pre-Approval form ** 2. Purchases must be made within the last 30 days 3. The receipt total must equal the requested reimbursement amount 4. Personal items cannot be purchased on the same receipt 5. Receipts must be in the name of the volunteer 6. Reimbursement cannot exceed \$499.99 DETATILED BUSINESS PURPOSE/USE OF THE ITEMS (DESCRIPITON REQUIRED) TOTAL TO PAY/REIMBURSE: **AMOUNT** **ACCOUNT INFORMATION** **ACCOUNT INFORMATION** **ACCOUNT #: **	Street Address				Email (Optional)		
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,	APPROV	/ALS					
	-			(date)	County Director: _		
Originating County: Date:	Originating County:				Date:		
Preparer Name/Contact Info: Number of Pages Attached:		-	act Info:	_	Number of Pages Attached:		