



2009 Community Agency Reimbursement Form

Office Use Only

Authorization to Pay _____	Date _____
Account# _____	
Vendor _____	Sign _____

Agency Name:	Project 1:	Project 2:	Project 3:	Project 4:	Project 5:	Total Reimbursement Request
Item Description	Important! For reimbursement all expenses MUST be itemized below for each project .					
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL	\$	\$	\$	\$	\$	\$
Authorized Signature: _____					Date: _____	
Print Name: _____			Address: _____			
Print Title: _____			City, State, Zip: _____			

Directions: Please fill in the document for each expense. Attach original receipts and keep copies for your files. (Original receipts will be held in the City Manager's Office files.) Reimbursement requests must be received by the last day of the month in order to be processed for payment by the middle of the next month.

Send to: City Manager's Office, 123 5th Avenue, Kirkland, WA 98033.