

Cody Shooting Complex

Request for Reimbursement

Name		Date
All reimbursement requests <u>must</u> have a receipt and <u>proof of payment</u> attached.		
Check One	Description of item purchased	Amount to be reimbursed
<input type="checkbox"/> Paid with cash		
<input type="checkbox"/> Paid with check		
<input type="checkbox"/> Paid with credit card		
Reimbursement check will be mailed to:		
Address		
City	State	Zip