



LOS ANGELES BASIN CHAPTER

INTERNATIONAL CODE COUNCIL

Established 1957
www.icclabc.org

P.O. Box 1855
Glendale, CA 91209-1855

REQUEST FOR REIMBURSEMENT FORM

TO BE COMPLETED BY REQUESTER

DATE: _____

PURPOSE: _____

PARTICIPANTS: _____

AMOUNT REQUESTED: _____

CHECK PAYABLE TO: _____

MAIL CHECK: YES NO

IF YES, SPECIFY ADDRESS: _____

I hereby certify that the statements provided herein are true and correct. Furthermore, I understand that I need to submit a copy of the receipt(s) along with this form to reflect the expense(s) I am requesting reimbursement for.

SIGNATURE: _____

FOR TREASURER'S USE ONLY

CHECK NO. ISSUED: _____ CHECK DATE: _____

ISSUED BY: _____

COMMENTS: _____

