

# Leadership Development and Citizen Engagement REIMBURSEMENT FORM

1. Complete the form below. Attach all bills, original itemized receipts and proofs of payment.
2. Sign and date on the appropriate line.
3. Send, for approval and payment, to: Sue Rendel, LDCE Convener, 59201 East 70 Road, Miami, OK 74354; srendel@sbcglobal.net

Name of Claimant (Business or Person) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Title of Project or Training: \_\_\_\_\_

Date Grant Issued: \_\_\_\_\_ Amount of Grant: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

DATE	NATURE OF EXPENSE(S)	AMOUNT
	<b>ATTACH ALL BILLS, ORIGINAL ITEMIZED RECEIPTS AND PROOFS OF PAYMENT</b>	<b>TOTAL</b>

Signature, person submitting claim: \_\_\_\_\_ Date \_\_\_\_\_

Signature, LDCE Convener: \_\_\_\_\_ Date \_\_\_\_\_

Received/Processed: \_\_\_\_\_ Date \_\_\_\_\_

CE-FCS Administrative Associate