

Phoenix EMA Planning Council- Expense Reimbursement Request



For Planning Council Members:

Instructions: All Reimbursement Requests must be submitted within 60 days from earliest date of expense. Refer to the Ryan White Planning Council Reimbursement policies for general guidelines, preapproval requirements and the reimbursement process.

Please Print/Type Date _____

Name: _____ Phone: _____

Home Address: _____ City/State/Zip: _____

Complete for reimbursement of Meals, Office Supplies and Transportation Services. - Original Receipts are required.

Type of Reimbursement : _____	Date: _____	Total: _____	Receipts Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason: _____			
Type of Reimbursement : _____	Date: _____	Total: _____	Receipts Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason: _____			
Type of Reimbursement : _____	Date: _____	Total: _____	Receipts Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason: _____			
Type of Reimbursement : _____	Date: _____	Total: _____	Receipts Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason: _____			
Type of Reimbursement : _____	Date: _____	Total: _____	Receipts Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason: _____			

Total Expenses _____

Planning Council Member Signature

CERTIFICATION: I CERTIFY THAT THE PRECEEDING SUMMARY IS A TRUE STATEMENT OF CLAIMS, IN THE PERFORMANCE OF MY DUTIES.

(For Official Use)

*Total Reimbursement
Approved:* _____

Planning Council Support Authorization **Date**