

GREATER KIRKLAND CITIZEN CORPS COUNCIL

EXPENSE REIMBURSEMENT FORM

DATE _____

CIRCLE ONE: GKCCC—CERT— KECT—MYN—OTHER _____

AUTHORIZED BY _____

ITEMS PURCHASED

AMOUNT OF PURCHASE _____

RECEIPT ATTACHED: Yes or No. Receipt is needed for reimbursement.

SEND REIMBURSEMENT TO _____

PHONE NUMBER _____

SEND REQUEST TO

GREATER KIRKLAND CITIZEN CORPS COUNCIL, TREASURER

8930 NE 116TH PL. KIRKLAND, WA 98034