**Reimbursement Request**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expense** **\*\*** | **Date Purchased** | **Cost** | **Item Description** |
| **Copying:** |  |  |  |
| **Lodging:** |  |  |  |
| **Dining:** |  |  |  |
| **Postage:** |  |  |  |
| **Printing:** |  |  |  |
| **Secretarial Services:** |  |  |  |
| **Supplies:** |  |  |  |
| **Travel:** |  |  |  |
| **Other** **(specify):** |  |  |  |
|  | **Total Reimbursement****Request:** |  | **Note: ALL requests for reimbursement must include supporting documentation** |

Please attach all receipts, copies of phone bills, etc. Clarify expenses as necessary in the space provided.

\*\*ALL EXPENDITURES GREATER THAN $50 REQUIRE PRIOR AUTHORIZATION BY THE BOARD OF DIRECTORS

**Send to: CANP Sacramento**

**PO Box 161696**

**Sacramento, California 95816-1696**

Please allow 4 weeks for processing of your request.