Del Mar Community Connections

REQUEST FOR EXPENSE REIMBURSEMENT

Your name: _____

Mailing address: _____

Itemize each expense, including date, name of vendor, description of items or service purchased, and amount. Receipts must also be attached. Submit to DMCC Assistant Treasurer, Lucy Zizka, 263 28th Street, Del Mar, CA 92014, as soon as possible after the expense has been incurred. These procedures will facilitate accurate reporting and timely reimbursement.

Date	Vendor/Mileage	Description of Item or Service	Amount

Total Reimbursement Requested.....……..…… $ -

Signed: _____

Date: _____

Paid by check number: _____

Approved by: _____

Expense Distribution: _____