



General Request for Reimbursement

TRINITY COUNTY

Reason for Reimbursement:

Date(s):

Name:

Title:

Department::

EXPENSES

All receipts must be attached

Total Reimbursement Requested:	

I certify that:

1. The expenses listed were incurred personally by me for the purpose stated;
2. I have not been reimburse from any other source for any of the expenses listed; and
3. This request is correct to the best of my knowledge.

Signature

Date