



Request for Reimbursement

Name: _____

Date: _____

Reimbursement for: (Please Check one)

- DCM Secretary Treasurer Website
 Literature Co. CPC/PI Archives Other _____
 Correction Facilities Grapevine Co. Treatment Facilities

ITEM	DESCRIPTION	AMOUNT
Copying		
Envelopes		
Grapevine Items		
Literature Items		
Lodging		
Meals		
Paper Products		
Postage		
Registration		
Transportation		
OTHER		
TOTAL		

Attach ALL receipts and send to District Treasurer.

