

REIMBURSEMENT FORM

To: Rebuilding Together-AFF

From: _____

Date: _____

Please attach receipts for reimbursement and complete the following:

Reimbursement Amount: \$ _____

Check should be written to: _____

Address Mailed to: _____

Phone Number: _____

Reimbursement For: _____

Group Name: _____

Project Number: _____

To Be Completed by Rebuilding Together

Billed To: _____

Date Check Requested: _____

RT-AFF Staff Approval _____

Due May 19, 2017 - Return to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org