

Project #: _____ Group Name _____ Homeowner _____

REIMBURSEMENT FORM

To: Rebuilding Together-AFF Date: _____

From: _____

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/Name: _____

To be completed by RT-AFF Finance

Account	Amount	Description	Class	Donor	Project
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date check requested _____

Staff approval _____

Date posted _____

Due May 20, 2024 - Return to:

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