

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 October 22, 2021 - Return to:**

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