

Project # \_\_\_\_\_

Group Name \_\_\_\_\_

Homeowner \_\_\_\_\_

## 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: \_\_\_\_\_

### To Be Completed by Rebuilding Together

Billed To: \_\_\_\_\_

Date Check Requested: \_\_\_\_\_

RT-AFF Staff Approval \_\_\_\_\_

**Due no later than 2 weeks following Rebuilding Day  
Please 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](mailto:info@rebuildingtogether-aff.org)