#####

##### REIMBURSEMENT/CHECK REQUEST

Please submit this form, along with receipts for purchases or invoice for services to the NCDA Treasurer with a copy to the Executive Director dpenn@ncda.org.

Payee:

Address:

City: State: Zip

Phone: E-Mail:

**Amount Requested: $**

**Type: (Check One):** Reimbursement Advance

**Purpose:**

**Requested By: Authorized By:**

Print Name Print Name

Signature Signature

Date Date

NOTE: Please make a copy for your files. Please allow 3 weeks for processing. If you have questions, contact NCDA at (918) 663-7060.

**SUBMIT TO:**

For Office Use

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_

Account #:

Check Sent: \_\_\_\_\_\_\_

NCDA Headquarters

305 N Beech Circle

Broken Arrow, OK 74012

Fax: 918-663-7060

dpenn@ncda.org