

ANC Reimbursement Form (ACH Payment)



ANC:	
c/o Treasurer:	
Phone:	
Email:	
EIN:	

Date

Submit Reimbursement Form and
Invoices to:
ANC.OHR@dc.gov
-and-
oanc@dc.gov

Itemized Expenses

VENDOR INVOICE DATE	VENDOR NAME	AMOUNT	DETAILS (What services did vendor provide?)
TOTAL			

Attach Invoices. Circle the date & amount on each invoice.

OHR Approval (completed by OHR)

Approved By (Name)	Position	Signature	Date
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Payment Date	Reimbursement Code	Payment No.	Amount

Reimbursement Codes: 1 - Meeting Interpretation 2 - Document Translation 3 - Assistive Listening System