

Commissioner Reimbursement Form

☐ Transportation ☐ Childcare expenses ☐ Other



Requestor Name: Click or tap here to enter text.
Phone: Click or tap here to enter text.
Email: Click or tap here to enter text.

Request Date
Click or tap to enter a date.

Check Payable To: Click or tap here to enter text.
Mailing Address: Click or tap here to enter text.
City, State, Zip: Click or tap here to enter text.

Itemized Expenses

Attach Receipts. Circle the date and amount on each receipt. For partial receipts, circle items & write total on the receipt. Per D.C. Official Code, § 1–309.13(l)(4) the OANC may approve Commission reimbursements to Commissioners for local transportation expenses, other than qualifying travel expenses, pursuant to subsection (l)(1).

RECEIPT DATE	DESCRIPTION	AMOUNT
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
TOTAL		Click or tap here to enter text.

Description of Usage/Reason for Reimbursement (attach additional sheets if needed)

Click or tap here to enter text.

Requestor signature

Date

Approval

Approved by (Print Name)

Signature

Date

Check Date

Check Number

Amount

--	--	--