

ANC Reimbursement Form



ANC: 12B

c/o Treasurer: Jane Doe

Phone: 555-555-5555

Email: Jane.Doe@anc.gov

Date

2/15/2019

Check Payable To: ANC 12B

Mailing Address: 100 Capitol Ave NW

Suite 100

City, State, Zip: Washington, DC 20000

Submit Reimbursement Form and Invoices to:
laura.gonzalez@dc.gov
 -and-
oancs@dc.gov

Itemized Expenses

VENDOR INVOICE DATE	VENDOR NAME	AMOUNT	DETAILS (What services did vendor provide?)
1/15/2019	ABC Interpretation	\$400.00	2 hours of simultaneous Spanish interpretation service during December ANC Monthly Meeting
1/30/2019	XYZ Translations	\$225.00	Amharic translation of November, December, and January ANC Meeting agendas
2/1/2019	Bob's Assistive Listening Services	\$90	Rental of Assistive Listening System for December ANC Meeting
TOTAL		\$715.00	

Attach Invoices, service quote(s), as well proof of payment (ie a copy of the paid check, a credit card statement showing payment to the vendor, and/or a copy of the paid invoice.) Circle the date & amount on each invoice.

OHR Approval (completed by OHR)

Approved By (Name) _____ Position _____ Signature _____ Date _____

Check Date	Reimbursement Code	Check No.	Amount

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