

# ANC Reimbursement Form



ANC:

c/o Treasurer:

Phone:

Email:

EIN:

Date

Submit Reimbursement Form and Invoices to: [laura.gonzalez@dc.gov](mailto:laura.gonzalez@dc.gov)  
-and- [oancs@dc.gov](mailto:oancs@dc.gov)

## Itemized Expenses

VENDOR INVOICE DATE	VENDOR NAME	AMOUNT	DETAILS (What services did vendor provide?)
<b>TOTAL</b>			

*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
<b>Payment Date</b>	<b>Reimbursement Code</b>	<b>Payment No.</b>	<b>Amount</b>

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