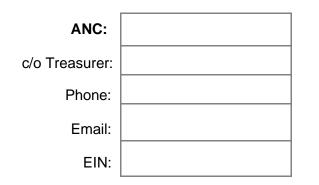
ANC Reimbursement Form





Submit Reimbursement Form and Invoices to: <u>laura.gonzalez@dc.gov</u> -and-<u>oancs@dc.gov</u>

Itemized Expenses

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

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
Payment Date	Reimbursement Code	Payment No.	Amount

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