ANC Reimbursement Form

ANC:	12B
c/o Treasurer:	Jane Doe
Phone:	555-555-5555
Email:	Jane.Doe@anc.gov

Check Payable To:	ANC 12B
Mailing Address:	100 Capitol Ave NW
	Suite 100
City, State, Zip:	Washington, DC 20000

Office of Human Rights
District of Columbia

Date
3/31/2023

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?)
3/01/2023	ABC Interpretation	$400.00	2 hours of simultaneous Spanish interpretation service during March ANC Monthly Meeting
3/10/2023	XYZ Translations	$300.00	Amharic translation of January, February, and March ANC Meeting agendas
3/19/2023	Bob's Assistive Listening Services	$90	Rental of Assistive Listening System for January ANC Meeting
	TOTAL	$790.00	

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 a copy of the paid invoice.) Circle the date & amount on each invoice.

SAMPLE

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