**ANC Reimbursement Form**

**ANC:**

|  |
| --- |
| 12B |
| Jane Doe |
| 555-555-5555 |
| [Jane.Doe@anc.gov](mailto:Jane.Doe@anc.gov) |

c/o Treasurer: Phone: Email:

**Check Payable To:**

|  |
| --- |
| ANC 12B |
| 100 Capitol Ave NW |
| Suite 100 |
| Washington, DC 20000 |

Mailing Address:

City, State, Zip:

**Itemized Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **VENDOR INVOICE DATE** | **VENDOR NAME** | **AMOUNT** | **DETAILS (What services did vendor provide?)** |
| 1/15/2017 | ABC Interpretation | $400.00 | 2 hours of simultaneous Spanish interpretation service during December ANC Monthly Meeting |
| 1/30/2017 | XYZ Translations | $225.00 | Amharic translation of November, December, and January ANC Meeting agendas |
| 2/1/2017 | Bob’s Assistive Listening Services | $90 | Rental of Assistive Listening System for December ANC Meeting |
| **TOTAL** | | $715.00 |  |

*Attach Invoices. Circle the date & amount on each invoice.*



|  |
| --- |
| **Date** |
| 2/15/2017 |

Submit Reimbursement Form and Invoices to:

[Alkindi.Kadir@dc.gov](mailto:Alkindi.Kadir@dc.gov)

-and-

[oancs@dc.gov](mailto:oancs@dc.gov)



**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

11/7/19