**ANC Reimbursement Form**

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 **ANC:**

 c/o Treasurer:

 Phone:

 Email:

 EIN:

**Itemized Expenses**

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

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



|  |
| --- |
| **Date** |
|  |

Submit Reimbursement Form and Invoices to:

Alkindi.Kadir@dc.gov

-and-

oancs@dc.gov



**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

11/7/19