Today’s Date:

Date Funds are Required:

(Please allow up to two weeks for check to be processed)

Agency Name:

Address:

Type of Project: (choose one)

□ Agency Project □ Done-in-a-Day

□ Community Sponsorship □ Community Assistance

Project Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: E-mail:

CHECK INFORMATION

Pay to the Order of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Expense Line Item:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach receipts in order for request to be processed. Receipts must be submitted within 30 days of purchase for reimbursement.

The deadline for ALL reimbursement requests is April 30, 2020. All requests must be faxed or postmarked by this date. No exceptions will be made for late requests.

***Please send all reimbursement requests and/or salary verifications to:***

Bonnie Allison, Community Treasurer at [communitytreasurer@jlaustin.org](mailto:communitytreasurer@jlaustin.org)

OR mail to 5330 Bluffstone Lane, Austin, TX 78759

OR fax to 512-454-7518