

**District 4-A1 Reimbursement Check Request**

**Issue Check To:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

<b>Cost Center</b>	<b>Item</b>	<b>Amount</b>
<b>Total</b>		

**Requestor Signature & Title:** \_\_\_\_\_

**Approvals - DG:** \_\_\_\_\_ **CT:** \_\_\_\_\_

**Email or mail form and receipts to: District Governor and Cabinet Treasurer**

**District 4-A1, PO Box 4343, Modesto, CA 95352 or    Patricia\_  
gillum@sbcglobal.net**