

# District 4 General Service Reimbursement Form

Full Name \_\_\_\_\_

Group / Position \_\_\_\_\_

Reason for Purchase \_\_\_\_\_

Pay by Check

Street \_\_\_\_\_

Apt/Unit \_\_\_\_\_

City State Zip \_\_\_\_\_

Pay with Zelle

Phone \_\_\_\_\_

Email \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

**Please Attach Receipts**