



# Request for Reimbursement

Please send all request forms to **NHRID, C/O Treasurer, PO Box 5432, Manchester, NH 03108**

Please allow 30 days for processing.

Please use a separate form for each individual owed a reimbursement.

Requested by: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Payable to: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Purpose for Reimbursement: \_\_\_\_\_

**Please attach all receipts and/or pertinent documentation. All submitted receipts must be listed below to receive reimbursement.**

Date of Purchase	Description of Expense Please include vendor name.	Amount

**Total Reimbursement \$ \_\_\_\_\_**

***For NHRID Board Use Only***

Date Reimbursed: \_\_\_\_\_ Check # \_\_\_\_\_

Notes: \_\_\_\_\_