



National Association of County Collectors, Treasurers & Finance Officers
Claim for Reimbursement

The undersigned claimant certifies that he/she is a member of the National Association of County Collectors, Treasurers and Finance Officers (NACCTFO); that the expenses claimed for reimbursement are made in connection with authorized business, conferences, meetings or education programs of the NACCTFO; that this claim is made in conformance with applicable by-laws of NACCTFO; that this claim is submitted along with appropriate supporting documentation; that the claimant certifies he/she has no other source of reimbursement for claimed expenses.

Claimant Mailing Address _____

DATE	ITEM/DESCRIPTION	AMOUNT
		\$
		\$

CLAIMANT SIGNATURE _____
DATE

Make Check Payable To: _____

Send Claim to: NACCTFO Treasurer
 P.O. Box 58039
 Washington, DC 20037

For Official Use

Approved Amount \$ _____ Check # _____ Date _____ Reviewed by _____