



**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  
 c/o Tyler Montana Prescott, Clarke County Revenue Commissioner  
 P.O. Box 1  
 Thomasville, AL 36784

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**For Official Use**

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