

PLEASANTON NEWCOMERS
REQUEST FOR REIMBURSEMENT

Requested by: _____

Date: _____

Pay to the Order of:	For:	Amount:	Receipt YES/NO
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
TOTAL AMOUNT REQUESTED:		\$ _____	

To Be Completed by the Treasurer:

Check # _____ Issued on: _____ \$ _____