



City of North Plains
31360 NW Commerical Street
Tel. (503) 647-5555

Reimbursement Form

Name: _____

Date: _____

Reimbursement is requested for the following items:

1. Item: _____
Date: _____ Amount: _____ Fund: _____

2. Item: _____
Date: _____ Amount: _____ Fund: _____

3. Item: _____
Date: _____ Amount: _____ Fund: _____

4. Item: _____
Date: _____ Amount: _____ Fund: _____

5. Item: _____
Date: _____ Amount: _____ Fund: _____

Employee Signature:

Approved by:
