

SUPPORTING DOCUMENTATION SUBMISSION SHEET

Check Number	
Check Amount	
Check Date	
Payee	
Expense Category	
Date Approved by ANC or Budget	
Purpose	

Non Grant Supporting Documenten (bill, invoice, or receipt)

Type of Document Attached (Bill, invoice, receipt)	Amount
Total	\$0.00

Grant Award/Disbursement Documentation

	Amount
Application	
Statement of Use	
Receipts	
TOTAL	\$0.00

**REIMBURSEMENT REQUEST FOR ANC COMMISSIONER'S OUT OF POCKET
Expenditure for ANC Goods and Services**

Date _____

Commissioner Name _____

EXPENSE	AMOUNT	PURPOSE
Cab	_____	_____
Parking Garage	_____	_____
Meter parking	_____	_____
Metro	_____	_____
Copying	_____	_____
Purchase of DC Documents	_____	_____
Fliers, Posters, Announcements	_____	_____
Other	_____	_____

Total Requested _____

I certify that the requested amount was spent for the stated purpose in conducting official ANC duties.
Receipts are provided, if available.

Commissioner's Signature _____

The following amount was approved by a budget or at a public meeting as a valid reimbursable ANC expense.

_____ **Date**

_____ **Approved Amount**

_____ **Check Number(s)**