

NORTHWEST COMMUNITY ACTION, INC.  
REIMBURSEMENT REQUEST – FIELD PURCHASES

Employee Name and Title \_\_\_\_\_ Employee Number \_\_\_\_\_

Designated Duty Station \_\_\_\_\_ Report for \_\_\_\_\_ to \_\_\_\_\_

Date	Vendor	Description	Amount	Invoice Attached

Telephone Costs \$ \_\_\_\_\_  Invoice Attached  Telephone Log Attached

The expenses listed on this reimbursement request were necessary to the performance of my duties with the agency.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_