

**Cameron County Historical Commission**  
Request for Reimbursement

Date: \_\_\_\_\_

**To: Treasurer, Cameron County Historical Commission**

Note:

All expenditures and reimbursements must be approved by CCHC

All expenses must be directly related to CCHC

All requests must have receipts and/or support documentation

**Make check payable to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Reason for Expense:** \_\_\_\_\_

<b>Object</b>	<b>Check Item(s) That Apply</b>	<b>Expense Amount</b>
Photocopying	6013_____	\$_____
Office Supplies	6014_____	\$_____
Camera and Police Supplies	6028_____	\$_____
Professional Services	6045_____	\$_____
Postage	6049_____	\$_____
Travel	6050_____	\$_____
Printing and Binding	6055_____	\$_____
Equipment Maintenance	6067_____	\$_____
Real Estate Rental	6068_____	\$_____
Equipment Rental	6069_____	\$_____
Education and Training	6078_____	\$_____
Miscellaneous	6087_____	\$_____
	Total.....	\$_____

Please attach all receipts and support documentation to sheet. Thank you.