Grimes County Fair Association Reimbursement Request Form

TO: Grimes County Fair Associaton
ATTN: Bookkeeper
P O Box 435
Anderson, TX 77830

Make Check Payable to:

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Committee: _____

☐ Reimbursement for Out-of-Pocket Expenses

☐ Pay Attached Invoice to Vendor

Reimbursement is requested for receipts listed below and attached to this voucher.

*A W-9 form is required for all claimant's submitting their first reimbursement.

VENDOR	DESCRIPTION	AMOUNT

Total Cash Receipts Claimed for Reimbursement _____

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I certify that these items submitted for reimbursement are for use in activities directly related to the Grimes County Fair Assn. for the referenced committee and have not been reimbursed from any other funding source.

I also certify that I (claimant) am:

☐ U. S. Citizen or Legal Permanent Resident (Green Card Holder) ☐ Non U. S. Citizen

_____ _____ _____ _____

Claimant Date Committee Chairperson Date