

District 56 Reimbursement Request Form

Date of request:

Name of person to be reimbursed:

Mailing address:

Email address:

Bank account information if initial request for ACH reimbursement

Bank name

Account number

Routing number

Reimbursement for which budget or activity (name of special event, date of event, etc) or line in budget (literature, archives, web, etc):

Attach receipts to be reimbursed to this form.

Submit this form to:

Treasurer District 56

PO Box 1066

Port Townsend WA 98368

Dist56treasurer@area72aa.org

Susea A. Treasurer 360-302-1473