

## National Association of County Collectors, Treasurers & Finance Officers Claim for Reimbursement

The undersigned claimant certifies that he/she is a member of the National Association of County Collectors, Treasurers and Finance Officers (NACCTFO); that the expenses claimed for reimbursement are made in connection with authorized business, conferences, meetings or education programs of the NACCTFO; that this claim is made in conformance with applicable by-laws of NACCTFO; that this claim is submitted along with appropriate supporting documentation; that the claimant certifies he/she has no other source of reimbursement for claimed expenses.

**Claimant Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE	ITEM/DESCRIPTION	AMOUNT
		\$
		\$

\_\_\_\_\_  
**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE**

Make Check Payable To: \_\_\_\_\_

**Send Claim to:** NACCTFO Treasurer, Attn. Shiela Miller/Randolph County Collector of Revenue  
 P O Box 58039, Washington, DC 20037-8039

---

**For Official Use**

Approved Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Reviewed by \_\_\_\_\_