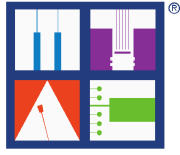


REQUEST FOR REIMBURSEMENT



...
DIAMOND BAR
BRANCH

Name: _____ Date Requested: _____

Reimbursement Preference (check one):

Check Mailing Address: _____

Zelle Zelle Email or Phone Number: _____

Purpose of expense	Purchased from (store)	Program name	Amount
		TOTAL	\$

Please Note: Itemized receipts must be submitted to document all reimbursements. Receipts more than 90 days old are void. Please expect up to 10 business days to receive your reimbursement.

Requested by (Signature): _____

Branch Use Only: Check/Zelle Transaction # _____ Date _____