

## ER NCCC REQUEST FOR REIMBURSEMENT

Valerie Cifuni, East Region Treasurer  
29 Riverside Ave  
Lancaster PA 17602  
Phone: 717-299-7025  
e-mail: [vhcifuni@yahoo.com](mailto:vhcifuni@yahoo.com)

Requested by Name:	
Date Requested:	Phone:
Recipient Name:	
Mailing Address:	
E-mail:	

List each expense item to be reimbursed and total all expenses:

DATE	REASON	AMOUNT
TOTAL		

**Please attach receipts for all expenses listed above.**

Treasurer Use Only

Date Paid

Budget Line #	
---------------	--

Check Number