

# Capital City Cruisers Reimbursement Request

Cruiser(s): \_\_\_\_\_

Request Date: \_\_\_\_\_

Purchase Date(s): \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Itemized Request: (or attach receipt with each item clearly marked)

No.	Amount	Item Description
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
9	\$	
10	\$	
11	\$	
12	\$	
	\$-	Total Reimbursement Request

\_\_\_\_\_  
Cruiser's Signature

## Reimbursement Receipt - Capital City Cruisers' Copy

Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Check No: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*Cut or Tear Along Dotted Line*

## Reimbursement Receipt - Cruiser's Copy

Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Check No: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title