



## REIMBURSEMENT REQUEST

**NAME:**

**ADDRESS:**

**PHONE NUMBER**

**REIMBURSEMENT FOR:**

**NUMBER OF RECEIPTS ATTACHED:**

**TOTAL AMOUNT OF REIMBURSEMENT:**

**DATE SUBMITTED:**

**Send Receipts & Request to:**

Christie Miller  
4318 Timbalier Drive  
Columbus, GA 31907  
[Christie77@bellsouth.net](mailto:Christie77@bellsouth.net)  
Fax: 706-569-0794  
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