

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