

Proof of Payment Request



Today's Date: _____

Member Number: _____

Member Name: _____

Day Phone: _____

Fax Number: _____

Requested Reimbursement From:	
Beginning Date: _____	
To	
Ending Date: _____	

Additional Information:
Allow the Accounting Department 5 working days to complete.
The Accounting Department will contact you when your request is complete.

ACCOUNTING USE ONLY:		
_____ Email	_____ Front Desk Pickup	_____