Attach Original Receipt(s)
To The Back Of This Form

RC Activity Fund
Reimbursement Request

Name of RC: _____

Month: _____

Total of Request: $_____

Learner	Activity/Product	Purpose	Date	Cost
			TOTAL	

Attach the original receipt(s) – Submit this form and copies of this request to Trona. Please indicate if the item is a durable good. Each request must be signed by four RCs. These RCs *do not* have to be members of your Small Group. If there is funding for another RC's learner, it will need to be submitted on a form from the RC whose account is being debited.

Signature of Requesting RC: _____

X_____ X_____

X_____ X_____

*Any items reimbursed through this account that have value at the end of the school should be returned to the Delta VISION office to allow use by other RCs. These items include those things not "used up" regardless of their original cost.