

HAACH Reimbursement form*

Date of Request: _____

Name of person requesting reimbursement: _____

Amount requested \$ _____

Date Needed: _____

Payable to: _____

Mail to: _____

Address: _____

Detailed description or explanation for expense:

***Attach original receipts, when possible**

Please mail request to:

HAACH

Attn: Greg Peterson

P.O. Box 1328

Brighton, MI 48116

Questions? Send e-mail to: HAACHtreasurer@aol.com

FOR TREASURER'S USE ONLY

Date Paid _____ Ck# _____

Ck Amt _____ Initials: _____

Date Mailed/Delivered _____

Notes: _____

