# SAN BERNARDINO VALLEY MUNICIPAL WATER DISTRICT

## REQUEST FOR REIMBURSEMENT OF EXPENSES

Name (Select Name) Period Ending 2009

| Date | Miles | Cash Amount ($) | Credit Card Amount ($)* | Explanation | Eng. Proj. No. | Account To Be Charged |
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| Totals | 0 | $0.00 | $0.00 | | | |

| Account No. | Amount |
|---|---|
| | $ |
| | |
| | |
| | |
| | |
| Total | $ 0.00 |

*Please attach sales slip.*

CLEAR FORM

PRINT FORM

*The undersigned certifies that the claims and the mileage herein stated are for authorized District activities and are true and correct. No part hereof having been previously paid or reimbursed.*

*Approved:* _____

*(Authorized Signature)*

*Date:* _____