



## Reimbursement Request

Complete all relevant fields below to receive a reimbursement for your program-approved expenses. Payment will be generated on the next payroll cycle, after Palco has processed this form, which may take up to five (5) business days.

| PERSONAL INFORMATION |    |              |
|----------------------|----|--------------|
| Full Name            | ID | Program/Plan |

| REQUIRED INFORMATION FOR REIMBURSEMENT |                              |        |                              |
|--|------------------------------|--------|------------------------------|
| Date of Expense                        | Expense Description & Reason | Amount | Receipt or Invoice Attached* |
|  |                              | \$     | <input type="checkbox"/>     |
|  |                              | \$     | <input type="checkbox"/>     |
|  |                              | \$     | <input type="checkbox"/>     |
|  |                              | \$     | <input type="checkbox"/>     |
|  |                              | \$     | <input type="checkbox"/>     |
| <b>TOTAL</b>                           |                              | \$     |                              |

*\*An itemized receipt or invoice MUST be attached from an agency or business. If other non-reimbursement items are included in receipt, highlight or circle only those to be reimbursed.*

By signing this form, I am asserting that the purchases made are correct and that this form is serving as validation that the purchases took place. I have included any applicable receipts or invoices and have kept a copy of the receipts with my records. I understand that failure to properly provide support receipts will result in a referral to law enforcement and that I may be prosecuted under the False Claims Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to Palco via email to [accounting@palcofirst.com](mailto:accounting@palcofirst.com) or via fax to 1.877.859.8757.