

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"/> |
| TOTAL | | \$ | |

**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 or via fax to 1.877.859.8757.