

## 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.