

El Dorado County
County Service Area Zone of Benefit

Request for Reimbursement to Advisory Committee Member

- This form is used by Advisory Committee Members to request reimbursement for the specific expenditures listed below.
- *Only the expenditures listed below are eligible for reimbursement. All other expenditures must be made through the County via an approved Purchase Order. Contact Zone Administration with any questions.*
- Only Advisory Committee Members who have completed the AB1234 Ethics Training are eligible to receive reimbursement.

Items approved by the Board of Supervisors on November 8, 2005 as eligible for reimbursement: Postage, mailing labels, name tags, envelopes, paper, staples, writing implements, adhesive tape, printer cartridges and photocopying expenses.

Complete this form and attach original receipts; scanned copies are acceptable when sent with this form.

Mail or deliver to:
Attention: Zone of Benefit Administration
El Dorado County Department of Transportation
2580 Fairlane Court
Placerville CA 95667

I hereby certify that the expenses claimed for the County were necessary for the performance of my duties as an Advisory Committee Member for the

_____ Zone of Benefit

Number _____ within County Service Area # _____, and that no prior claim has been made for any portion thereof.

I have personally made payment for the items included on the attached receipt(s), and each item included is eligible for reimbursement.

Total of receipts; original receipt(s) must be attached: \$ _____

Name – please print.

Mailing Address: _____

(Signature)

(Date)