



Golfview Hills Park District

- P.O. Box 203
- Clarendon Hills, IL 60514

REIMBURSEMENT REQUEST FORM

Each home may be reimbursed for up to \$50.00 each calendar year for expenses incurred participating in neighboring Park District or Community House activities or library systems.

The original receipt must be included with the submittal of this reimbursement form. Please make and retain copies for your files. Mail your request to the address above.

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL () HOME ()

PARK DISTRICT, COMMUNITY HOUSE, OR LIBRARY SYSTEM:

LOCATION: _____

ACTIVITY: _____

ACTIVITY DATE: _____

TOTAL COST: _____

REQUESTED REIMBURSEMENT (Maximum \$50.00) : _____

THE FOLLOWING IS FOR GOLFPVIEW HILLS PARK DISTRICT USE:

APPROVED BY: _____

DATE: _____

CHECK #: _____