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| <p>*****CONTROLLER USE ONLY*****</p> <p>Vendor# _____ Address# _____</p> <p>Invoice Date _____</p> <p>G/L Date _____</p> <p>Due Date _____</p> <p>Invoice# _____ BILL SUPP _____</p> <p>Amount _____</p> <p>Appropriation <u>001.134000.802100.000000</u></p> <p>Audit by: _____</p> | <p style="text-align: center;">TAX COLLECTOR EXPENSE REIMBURSEMENT REQUEST</p> <hr/> <p>Name _____ Borough/Township _____</p> <hr/> <p>Address Line One _____</p> <hr/> <p>Address Line Two _____</p> <hr/> <p style="text-align: right;">PA _____</p> <p>City _____ State _____ Zip _____</p> |
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| Date | Type of Expense | Gross Amount | Less Local and School Share | County Share |
|------|-----------------|--------------|-----------------------------|--------------|
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|-------|----------------------------------|-------------------------------|-------------------|
| Total | | | |
| | (Should equal attached receipts) | (Less Local and School Share) | (Due from County) |

Signature _____ Date _____