

# PGARC EXPENSE REIMBURSEMENT REQUEST

Name or call \_\_\_\_\_

Task # \_\_\_\_\_

Phone, Cell \_\_\_\_\_

Task Type \_\_\_\_\_

**\*\* IMPORTANT \*\***

If you are not registered with PGARC, complete a Volunteer Registration Form. If your EMBC volunteer registration is current, mark it "PGARC ONLY".

Task Name \_\_\_\_\_

This is a data input form used by PGARC to produce the expense reimbursement claim to EMBC. Meals are automatically calculated so they do not need to be entered on this form. We require a signed expense form to back up the reimbursement claim to EMBC. Without a signed copy of this or the old EMBC form, you will not be paid.

**NOTES**  
**Date format:** yyyy mm dd  
**Time format:** 24 hour, local time

Day	Date	Start Time	End Time	Vehicle Km	ATV Hours	Notes
1						
2						
3						
4						
5						
6						
7						

**Other Expenses – Receipts Attached**

Date	Item	Amount	Notes

Signature \_\_\_\_\_

Date \_\_\_\_\_