Pacific Crest Trail Association
Grant Reimbursement Request

(PCTA processes checks on the 15th and the last day of the month)

Volunteer Group Name: _____
Project Name/Number: _____
Date of Request: _____

Please make check payable to: _____
Address: _____

Receipt Date	Amount of Expenses					Vendor or Store Name where purchase was made	Agency Unit (BLM, FS, CASP)	Description of Purchase	Equipment serial number if > $249.00 (when applicable)	*Accounting use only*	
	Fuel	Equip-ment	Supplies	Other	Total Expenses					Account	Class
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Totals	**-**	**-**	**-**	**-**	**-**						
	9013	9014	9015								

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Signature and Date

Please complete this form and mail it with your receipts to:

Pacific Crest Trail Association
Attn: Accounting
1331 Garden Highway
Sacramento, CA 95833

January 2011