



Reimbursement Request

Name _____
First Initial Last

Date (mm/dd/yy) _____

Address _____

Vehicle Unit number _____

City _____ Postal code _____

Vehicle License number _____

Employee Number _____

Amount \$ _____

Bus. Phone _____

Note: Cheque will be made payable to above name and mailed to address indicated.

Reason for requesting reimbursement

- Credit card was lost
- Supplier would not accept credit card
- Credit card was invalid
- Other (please explain) _____

Description of purchase _____

If the purchase was made in U.S. FUNDS, please indicate the exchange rate _____% (NOTE: All out-of-province travel must be approved by your department)

Signature _____

Supervisor Name (Print) _____

Attach ORIGINAL receipt and mail to:

Supervisor Signature _____

Saskatchewan Ministry of Central Services
Central Vehicle Agency
500 McLeod Street
Regina, SK
S4N 4Y1

THIS AREA FOR CVA USE ONLY

Invoice number _____

Cheque description _____

Approval for release of funds

013.85377.013051.553000.0000.000000.000000

Amount \$ _____