

<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>
--	---

Date	Type of Expense	Gross Amount	Less Local and School Share	County Share

Total			
	(Should equal attached receipts)	(Less Local and School Share)	(Due from County)

Signature _____ Date _____