



# Florida

Request for Reimbursement/Payment
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**Requested by** \_\_\_\_\_  
(Please Print)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

## Expense Explanation

### Amount

1. Hotel charge \$100.00

## For Office Use Only

**Approved** \_\_\_\_\_

**Check No.** \_\_\_\_\_ **Date** \_\_\_\_\_

**Function** \_\_\_\_\_ **Object Code** \_\_\_\_\_

Send to: Warren L. Hammon  
1953 Fatio Road  
DeLand, FL 32720