

SUM—R—FUN

Reimbursement Request Form

DATE: _____

REASON FOR WORK: _____

OF MILES DRIVEN: _____

OF HOURS SPENT ON PROJECT: _____

PROJECT COMPLETE? YES / NO
IF NO EXPLAIN BELOW

JOB

PART

COST

JOB	PART	COST

EXTRA WORK DAYS EARNED: _____ X \$200.00 PER DAY
AMOUNT OWED FOR PARTS: \$ _____.
TOTAL AMOUNT OWED YOU: \$ _____.

SIGNATURE: _____

DATE: _____

Be sure and attach any supporting receipts or paper work.
Mail to
SUM-R-FUN
c/o Blane R. Jensen
P.O. Box 442
Gunnison, Utah 84634-0442