

# USR&AP

## REQUEST FOR REINBURSEMENT

DATE: \_\_\_\_\_

SERVICES PROVIDED: \_\_\_\_\_

ITEMS PURCHASED:

QTY	ITEM	UNIT PRICE	TOTAL PRICE

TOTAL COST: \$ \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Note: Receipts must be submitted with this request.

SEND ALL DOCUMENTATION TO: Duane Fuller  
3285 South 4000 West  
West Valley, UT. 84120