



# Best Payments Foundation

## Request for Reimbursement

### Individual to be Charged for this Purchase

Client Name \_\_\_\_\_

Amount \_\_\_\_\_ Date of Purchase/Payment \_\_\_\_\_

Description of Purchase \_\_\_\_\_

**Individual to be Paid**       Check       **Direct Deposit** (must be an approved vendor)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### Person Completing This Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Signature \_\_\_\_\_

**Receipt of Full copy of the bill is required**

Please email reimbursement form and supporting documentation to [bills@bestpayments.net](mailto:bills@bestpayments.net)

\*\*\*\* **Reimbursement is based on availability of client's funds** \*\*\*\*

**Incomplete request may result in a delay or non-payment**