



Best Payments Foundation

Request for Reimbursement

Individual to be Charged for this Purchase

Client Name _____

Amount _____ Date of Purchase _____

Description of Purchase:

Who made the Purchase _____

Name and address the reimbursement check should be made out to:

Person Completing This Form

Name _____ Today's Date _____

Relationship to Client _____

Email _____ Phone Number _____

Your Signature _____

_____ Please attach all receipts

_____ Email to bills@bestpayments.net

****** Reimbursement is based on availability of client's funds.
Incomplete request may result in a delay or non-payment.**