



LCA Reimbursement Request

Date:		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

1. Please list all receipts below
2. All receipts and/or invoices must be attached
3. Checks will be mailed to address listed above

	Date	Vendor	Reason	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total Due:	

Please mail, with receipts/invoices to:

Bill Wilson, LCA Treasurer, 6975 Pea Neck Road, Saint Michaels, MD 21663
 (410) 745-0146 *wwilson6975@aol.com*

For Office use only:	
Check #	
Amount	
Date sent	