

# S.E.L.C.R.A. REIMBURSEMENT PROGRAM

## Genoa Charter Township Residents

effective 8/17/10

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Recreational/Enrichment Program: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ In District Cost: \_\_\_\_\_ Refund Amt: \_\_\_\_\_

Signature: \_\_\_\_\_

The Township will retain original receipts – copy of receipt will be made for all residents.

All reimbursement checks will be made payable to the name on the original receipt of payment.

Vouchers must be submitted within 30 days of payment.

Rec'd By: \_\_\_\_\_ Date Rec'd \_\_\_\_\_