



County of San Diego, Planning & Development Services
**REQUEST FOR SUPPLIES AND
 REIMBURSEMENT OF AUTHORIZED
 EXPENDITURES**

Date: _____ / _____ / _____

TO: Community Planning/Sponsor Group Liaison, CommunityGroups.LUEG@sdcounty.ca.gov

FROM: *Payee name (print): _____

Payee address: _____

The _____ would like to request the following:
Name of Group

1. Supplies requested: _____

2. Requested Expense Reimbursement:

Amount: _____

Item(s): _____

If you need additional information regarding this request, please contact:

_____ at _____
Name Telephone

The receipts for this expense are attached. The request was approved by the group at the meeting of

_____ / _____ / _____ by a vote of _____.

_____ **Payee of this claim cannot sign this claim confirming approval by the group.*
 *Signature

_____ Position

Email to:
CommunityGroups.LUEG@sdcounty.ca.gov

Or Mail to:
 Planning & Development Services
 CPSG Liaison
 5510 Overland Ave, Suite 310
 San Diego, CA 92123

DO NOT WRITE IN BOX

Approved _____ Denied _____

Date _____ Initial _____

Claim # _____

Date Mailed _____