



SITE VISIT REIMBURSEMENT FORM

CITY/COUNTY: Chatham

CONTACT NAME: Michael Zelek

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Email: michael.zelek@chathamnc.org

PAYEE NAME & ADDRESS: Chatham County Public Health Department
PO Box130/ 80 East Street
Pittsboro, NC 27312

Please attach 2018 signed W-9

Date	Description of Expense	Amount
10/25-26/18	Breakfast & Snacks(Phoenix Bakery, Food Lion & Marketplace)	\$ 86.50
10/26/2018	Lunch (Root Cellar Cafe)	\$ 289.75
10/26/2018	Dinner-Meet & Greet (458 West)	\$ 280.69
		\$
	TOTAL REIMBURSABLE for MEALS	\$ 656.94

Note: Please attach/scan all receipts, invoices and sign below and submit to: Lamond Daniels, danielsl1@aetna.com. Please place in the email subject line: "Top 10 site visit reimbursement" to ensure proper and prompt delivery. Thank you.



Signature

11/5/18

Date

Site Visit Reimbursement Instructions Meals

Below are general instructions to facilitate your reimbursement for site visit expenses:

1. Please complete the *reimbursement form* and attach clear copies of all food and beverage invoices/receipts related to your site visit and email to: danielsl1@aetna.com.
2. Reimbursement accepted for ~“Dinner meet & greet”, breakfast, snacks and lunch during site visit only.
3. Please place in the subject line: “*Top 10 Site Visit reimbursement*”
4. Please attach a copy of your organization’s signed 2018 W-9 (this is a requirement from our finance department). The payee will be the name on the W-9.
5. If you would like the check to be mailed to a different address other than the one on the W-9, please state in your email where you would like the check to be mailed and attention.

Thank you.