

TAPE RECEIPT HERE

FUEL REIMBURSEMENT FORM

INSTRUCTIONS:

- Fill out the reimbursement form completely.
- **Sign and date.**
- Turn into Joran for processing.

A#: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

BUSINESS PURPOSE: AIRCRAFT FUEL PURCHASE

PICK CHECK UP at CASHIERS OFFICE in TSC? (circle): Y N

TAIL #: _____ \$\$ Amount: _____

GALLONS: _____ PRICE PER GALLON: _____

AIRPORT: _____

JUSTIFICATION: _____

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

APPROVAL: _____

INDEX: A13755

ACCT: 711500

DATE SUBMITTED: