



Cowlitz Tribal Member Services  
 1000 Davis Place  
 DuPont, Washington 98327  
 Call or Fax: (877) 269-5489  
 Email: CTMS@COWLITZ.ORG

**Reimbursement Request -  
 Cowlitz Tribal Member**

Date	Member Name	Description	Amount	GL#	Grant Code	Project Code
		Cowlitz Tribal Member Reimbursement for Gym Membership		5525	1099	50350
<b>Total</b>						

I hereby certify that I have met all requirements for Reimbursement under the health program indicated above. Any information falsely or incorrectly reported and results in payment I am not entitled to will be immediately repayable to the tribe.

**RECEIPTS AND ATTENDENCE FORMS MUST ACCOMPANY EXPENSE PAYMENT REQUEST**

Requested: (Print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Charge Grant \_\_\_\_\_