

# Cambria County Tax Collector Expense Reimbursement Request

\_\_\_\_\_ Tax Collector

	<u>Total</u>	<u>% split</u>	<u>County Portion</u>
<b>Bank Charges:</b>			
Checks	_____	_____	_____
Deposit Slips	_____	_____	_____
<b>Postage:</b>	_____	_____	_____
<b>Envelopes:</b>	_____	_____	_____
<b>RAK Tax Management System:</b>	_____	_____	_____
<b>Real Estate Tax Bill Printing (<u>Infocon Bill only</u>):</b>			
RE Tax Bill	_____	_____	_____
RE Tax Bill Blank	_____	_____	_____
Envelopes	_____	_____	_____
Tax Data File	_____	_____	_____
Tax Report Binding*	_____	_____	_____
<i>*As a reminder the County will only reimburse for 1/2 of 1 report binding</i>			
Shipping & Handling	_____	_____	_____
Minimum Bill	_____	_____	_____
<b>For Mailers only (<u>Infocon Bill only</u>):</b>			
RE Tax Bill Mailer Copies	_____	_____	_____
Post Office Delivery	_____	_____	_____
<b>Total Real Estate Tax Bill Printing</b>			_____
		<b>Total Expenses:</b>	=====

\_\_\_\_\_ Tax Collector \_\_\_\_\_ Date

**An original receipt or invoice must accompany request**  
**For bank charges a copy of the bank statement showing withdrawal from account must accompany request**

<i>Controller's Office use only</i>	
<b>Office Supplies Total</b>	_____ Vendor # _____
<b>Postage Total</b>	_____
_____	_____
Approved for payment	Date