



NGACT CLAIM WORKSHEET

I hereby claim this amount for reimbursement for the following incurred charges.

Enter amount here _____

These charges were for the following purpose:

WHEN was the budget for this purpose approved by the NGACT Exec. Council and WHAT was the amount:

ALL RECEIPTS MUST BE ATTACHED

Please make check payable to: _____

Please mail check to:

Name:
Address:
City, State, Zip

103 CPTF/CC
100 Nicholson Road
East Granby, CT 06026
ATTN: Major Dave Fecso

Claimant's Signature and Date:

If amount was over budget, obtain the President's signature

Remarks/Notes:
