



CHARLOTTESVILLE-ALBEMARLE  
RESCUE SQUAD



# Personal Funds Reimbursement Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_

Vendor: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

| Description of Purchase: | Budget Code | Amount |
|--------------------------|-------------|--------|
| _____                    | _____       | _____  |
| _____                    | _____       | _____  |
| _____                    | _____       | _____  |
| _____                    | _____       | _____  |
| _____                    | _____       | _____  |
| _____                    | _____       | _____  |

Amount Advanced: ( \_\_\_\_\_ )

Person(s) Authorizing Purchase: \_\_\_\_\_ Total: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

**Note: Receipts covering each purchase MUST attached to this form before reimbursement can be made.**

As a non-profit organization, CARS is **exempt from paying sales tax** to the Commonwealth of Virginia. You should request that vendors not include tax on any purchase you make on CARS' behalf. For help in convincing vendors that we do not have to pay sales tax, show them a copy of our Sales and Use Tax xexemption certificate, available in the downloads area of our website as well as in the bins in the mail room.