



# Central Vehicle Agency Reimbursement Request Form

Last revised: April 2017  
Last reviewed: April 2017  
Next review: July 2018

Date (MM/DD/YY)

### Requester Information

First name \_\_\_\_\_ Initial \_\_\_\_\_ Last name \_\_\_\_\_ Address \_\_\_\_\_

Employee Number \_\_\_\_\_ Bus. Phone Number \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Note: Cheque will be made payable to above name and mailed to address indicated.**

### Vehicle Information

Vehicle Unit Number \_\_\_\_\_ Vehicle Licence Number \_\_\_\_\_ \$ \_\_\_\_\_ Dollar Amount

### Request Rational

**Reason for requesting reimbursement:** Description of purchase

Credit Card was lost \_\_\_\_\_

Supplier would not accept credit card \_\_\_\_\_

Credit card was invalid \_\_\_\_\_

Other (please explain) \_\_\_\_\_

*If the purchase was made in U.S. FUNDS, please indicate the exchange rate \_\_\_\_\_ % (Note: All out-of-province travel must be approved by your department.)*

**Attach ORIGINAL receipt and mail to:**

Saskatchewan Ministry of Central Services  
Central Vehicle Agency  
500 McLeod Street  
Regina, SK  
S4N 4Y1

Signature \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

### \*CVA USE ONLY\*

Cheque Description \_\_\_\_\_ Invoice Number \_\_\_\_\_

Approval for release of funds \_\_\_\_\_ \$ \_\_\_\_\_ Dollar Amount

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