



Havasu Community Health Foundation

2126 McCulloch Blvd N Suite 14
Lake Havasu City, AZ 86403
Phone 928 453-8190 Fax: 928 453-8236

Confirmation Code: _____

Reimbursement Form

Business: _____
Individual(s): _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Email confirmation will be sent as soon as it is submitted

Program: _____
Event: _____

Invoice No. _____

Total Received _____

Total: \$ _____

Notes: _____

Payment Method ☐ CASH ☐ CHECK ☐ CREDIT ☐ SPLIT ☐ OTHER Check No. _____

_____	_____
HCHF Representative	Date
_____	_____
HCHF Representative	Date