

Postage Expense Reimbursement Request Form

Date submitted: _____

Submitted by: Name _____

Title _____

County _____

The attached original receipt(s) document expenses in the following area(s):

Postage \$ _____

Bulk mail permit \$ _____

\$ _____ ←**Total amount to be reimbursed**

Make check payable to: _____

Mail check to: _____

Submit this form and original receipts to: Distribution Center - Agriculture Communication
PO Box 6050, Dept 7070
Morrill 10, NDSU
Fargo, ND 58108-6050

Questions? Call Sharon Lane at 701-231-7883.