

Kittitas County – HB 1386 Historic Document& Preservation Funds

When submitting for reimbursement, please complete the following information to accompany your invoices.

Please send requests to:

Kittitas County Auditor Attn: Accounting Department 205 West 5th – Suite 105 Ellensburg WA 98926

| Date | |
|-----------------------------------|--|
| | |
| Name & Address of Organization | |
| Requesting Reimbursement | |
| | |
| Name of Person submitting Request | |
| Contact number | |
| Amount of Reimbursement | |
| | |

Auditor's Office use only

| Total Authorized | \$ |
|-------------------------------------|----|
| Amount of this request | \$ |
| Previous amount requested this year | \$ |
| Balance Left | \$ |
| Entered into Spreadsheet - initials | |
| Auditing Officer initials | |