



Dayton Dollars Reconciliation Form

to be submitted on a weekly basis

Due by Wednesday for Friday reimbursement

Date _____

	Number of Dayton Dollars	Total dollar amount
\$5	_____	_____
\$10	_____	_____
\$20	_____	_____
Total	_____	_____

Please reimburse \$ _____

Business Name _____

Contact Name _____

Contact Phone # _____

Print Name _____

Signature _____

Reimbursement Checks will be available for pickup at City Hall on Friday 8 a.m. to 5 p.m.

Any checks not picked up by 5 p.m. on Friday will be mailed.