UNITED DISTRICT CONSTABLES ASSOCIATION
OPTICAL REIMBURSEMENT FORM

Constabulary Station

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The President
United District Constables Association

Dear Sir,

APPLICATION OF # ----------
FOR OPTICAL REIMBURSEMENT

I hereby apply for reimbursement from the United District Constables Association in respect to

My tested glasses, which was purchased at ----------

The cost of the said item was $ ----------and was purchased on *(date)* ----------

Please find attached costing from Vendor ☐, Original Receipts ☐

Other Comments;

My contact numbers are;

Cellular; ---------- Home; ----------Work; ----------

I would be grateful if my application be given favourably consideration.

Sincerely,

Signature

Cheque # and amount	