COTTON FARM *Tour*

REIMBURSEMENT REQUEST FORM

Name: _____ **Email address :** _____

GROUND TRANSPORTATION

Date	Description	Cost
i.e. 10/05/26	*i.e. Taxi from MEM to Hyatt Centric Beale Street*	*i.e. $17.84*
	GROUND TRANSPORTATION SUB-TOTAL:	

MEALS

Date	Description (Breakfast, Lunch, Dinner)	Cost
i.e. 10/05/26	*i.e. Travel day lunch*	*i.e. $17.84*
	MEALS SUB-TOTAL:	

TOTAL REIMBURSEMENT REQUEST:

PAYMENT INFORMATION

Payee Name:	Mailing Address:
Name or Company Name	*Street Address, Apartment/Unit #, City, State, Zip Code*

☐ *Mail check to a different name/address (complete below)*

Alternate Recipient:	Alternate Mailing Address:
Name on Envelope (if different than adove)	*Street Address, Apartment/Unit #, City, State, Zip Code (if different than above)*

Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS: *To receive reimbursement, submit your completed reimbursement form and itemized receipts by **Monday, November 16, 2026**. Submit using one of the following methods: **1**. In person to a Cotton Incorporated representative. **2**. By mail using the prepaid envelope provided. **3**. By email to tbaran@cottoninc.com (attach your completed fillable reimbursement form and scanned or photographed itemized receipts).*