

PUBLIC ADMINISTRATOR BRONX COUNTY



Reimbursement Form

Fill out the form below completely.

All receipts should be attached to the form and emailed to Bronxpanyc@outlook.com
Please Include "Funeral Reimbursement E/O (Deceased Name) and PA#" on Subject Line

Date: _____

Expense Category **FUNERAL REIMBURSEMENT**

Approver name: _____

Submitted by: _____

Phone: _____

Email: _____

Send check to: _____

Address: _____

City/State/Zip: _____

REIMBURSEMENT CHECK LIST	
<input type="checkbox"/>	COPY OF PHOTO ID
<input type="checkbox"/>	COPY OF DEATH CERTIFICATE
<input type="checkbox"/>	PROOF OF PAYMENT (showing that you are the person(s) responsible for paying for the funeral. i.e., a copy of your cancelled check, receipt if you paid in cash or credit card charge in your account's payment history.
<input type="checkbox"/>	PAID FUNERAL BILL

****PLEASE NOTE: Upon receipt of these items, we will be in a position to consider reimbursing you for the funeral of this decedent, not before deduction of any applicable file charges, with the amount of funds that our office possesses in the decedent's name.**

**** If the deceased had a preplan that covered the full cost of the funeral, then there will be no reimbursement. If the funds collected for the estate are less than the amount paid for the funeral, the payee(s) (possibly you), will only receive that lesser amount.**

Office Use Only

Check number _____ **Amount** _____ **Date** _____

Budget category _____