



**Cleveland-Cliffs Cleveland Works LLC
2023/2024 Car Wash Reimbursement Request for Disbursement**

Instructions: (Please Read Carefully)

- Expenses submitted for reimbursement must be documented.
- Attach all documentation securely to this form. Retain a copy for your records.
- You may only submit a form for reimbursable expenses once.
- Complete all information and sign the certification statement in Section III.
- Scan and email this form and receipts to Robert.Rice@clevelandcliffs.com and ClevelandLR@clevelandcliffs.com.

I. Employee Information (Please Print)

Employee Last Name	First Name	M.I.	Clock Number	Incumbency Date

II. Car Wash Program Reimbursements (Please Print)

Car Wash Company/Facility	Date(s)	Total Charge	Amount to be Reimbursed
TOTAL			

III. Certification

I certify that the expenses for which I am requesting reimbursement were incurred for services received by me and I have not been reimbursed for these expenses in any other way. I understand that reimbursement of these expenses should be requested and made only after I have collected all documentation for eligible expenses that are covered under the Car Wash Reimbursement. I further certify that I am not eligible to file any additional reimbursement claims for this program since this is a one-time only benefit and only one claim may be filed for total 2023 or 2024 expenses. I understand that CLEVELAND-CLIFFS INC. assumes no responsibility for any damage to my car. I understand that reimbursement will be made in accordance with the provisions of the Car Wash Reimbursement.

Employee Signature _____

Date _____

Department _____

Telephone Number _____

LR/Payroll Approval _____

Date _____