

REQUEST FOR REIMBURSEMENT

Please fill out this form and sign at the bottom, send to the President for their signature. President will forward to Treasurer.

Date: _____
 Phone Number: _____

Reimburse To: _____
 Address: _____

Purpose for expense (committee, officer, newsletter, etc.): _____
 Budget to be charged: _____

*Copies:	_____	Total:	_____
**Mileage:	_____	Total:	_____
*Office Supplies:	_____	Total:	_____
*Postage:	_____	Total:	_____
*Telephone:	_____	Total:	_____
*Lodging/Other:	_____	Total:	_____

Grand Total: _____

* Attach copies of invoices, receipts, etc. **Attach explanation of mileage (to/from/why/etc.)

FOR OFFICE USE ONLY

Reimbursement Total: \$ _____
 Date Mailed: _____
 Check Number: _____

	Signatures	Date Signed
Treasurer:	_____	_____
President:	_____	_____
Committee Chairperson or other individual approving the budget expenditure:	_____	_____
Member Submitting Request:	_____	_____