

Reimbursement Request

Your Name:	
Date Submitted:	
Project/Category:	
	☐ Approved at meeting (date)
Check Payable to:	
Amount of Check:	
Address of Payee:	
Please attach all docum	nentation supporting the requested amount
Approved by (H&SA Officer):	Date
Approved by (H&SA Officer):	Date
For Treasurer's Use:	
Check Number:	Check Date: Logged: Logged: