



Biggs Chapter North San Diego County EXPENSE REIMBURSEMENT REQUEST VOUCHER

This form **MUST** accompany any request for reimbursements by members/officers.
INCLUDE ALL ORIGINAL/SCANNED RECEIPTS

V2 2010

Section 1 – To be filled out by person requesting the reimbursement (*Complete ALL areas in Section 1*)

Date of Request (MM/DD/YYYY): _____

Amount: _____

Requested BY: _____

Requestors Address: _____

Reason For Request: _____

Section 2 – Must be completed if requestor is NOT a Primary or Secondary Officer.

Primary or Secondary Officer must review and approve prior to submitting to Treasurer for reimbursement, to verify that authorization has been provided for requested purchase/s.

Officer Verifying/Approving Request: _____

Signature of Officer: _____

Additional Remarks as Needed: _____

Section 3 – To be completed by Treasurer

Date Paid: _____ Check # _____