

Attach receipts please

**NEWCOMERS OF CENTRAL FLORIDA**  
**REIMBURSEMENT FORM**

Date submitted \_\_\_\_\_

Name \_\_\_\_\_

Committee/Event \_\_\_\_\_  
(If more than one committee or event, please submit separate forms)

Total money spent \$ \_\_\_\_\_

For \_\_\_\_\_  
(please itemize) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I wish to be reimbursed for \$ \_\_\_\_\_

\_\_\_\_\_ I wish to donate (specify items) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date paid \_\_\_\_\_ By \_\_\_\_\_

President  
Vice President  
Treasurer

Check # \_\_\_\_\_

Amount paid \$ \_\_\_\_\_