



SOROPTIMIST

Best for Women

REQUEST FOR REIMBURSEMENT

1. Fill out the section on the right completely
2. Use a separate form for each different Committee and/or Function
3. Deliver or mail the completed form along with all receipts to the SIWC Treasurer.

(You might want to retain a copy of your completed form and/or receipts for your own records.)

Soroptimist International of Washoe County

P.O. Box 5876
Reno, NV 89513

Email: siwashocounty@hotmail.com

To be completed by Requester:

NAME: _____

DATE: _____

AMOUNT: \$ _____

COMMITTEE:

(Enter the applicable committee or "N/A" if not a committee related expense)

Have you given a copy of this reimbursement request form to the committee coordinator? **YES / NO**

ACTIVITY:

(Enter the project, program, event, conference, meeting, etc.)

DESCRIPTON:

(Describe what reimbursement is for)

Note: if multiple committees and/or projects/activities—fill out detailed section below or use a separate form for each

MAIL TO: _____

To be completed by SIWC Treasurer:

Date Received: ____/____/____

APPROVED: Reimbursement Date: ____/____/____

Reimbursement Check # _____

Reimbursement Amt: \$ _____

Committee Confirmation

Refused: Reason: _____