



LOUISIANA DISTRICT REIMBURSEMENT REQUEST FORM

Date:

Name:

Address:

City: _____ State: _____ Zip Code: _____

(Be Specific - Name of Event, date and reason for expenditure)

EXPENSES:

Meals \$ _____

Lodging \$ _____

Supplies \$ _____

Rally \$ _____

Other (Identify) \$ _____ Explain: _____

Total Costs \$ _____

Approved By:

Approving Officer's Signature

Expense forms are to be mailed to:

Louisiana District

16831 Buckner Dr

Greenwell Springs, LA 70739

Reimbursement checks will be issued after being approved.

Your check will be mailed to you, using the supplied address unless other arrangements have been made.

A copy of receipts must be submitted in order to receive reimbursement.

Please keep copies for your records.

Date Received Check Number