



North Haven Sons and Daughters of Italy
Lodge 2805

FORM #1 REIMBURSEMENT REQUEST FORM

RETURN TO FINANCIAL SECRETARY

DATE _____

Attach all original information such as receipts or invoices etc.

In order to receive payment or reimbursement, this form must be filled out completely

PLEASE WRITE CLEARLY

Reason for purchase: _____

Event Name: _____ Event Chairperson: _____

Approved by: _____

PAYABLE TO: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

INFORMATION _____

	Description	Place of Purchase	Amount \$
1	_____	_____	Amount \$ _____
2	_____	_____	Amount \$ _____
3	_____	_____	Amount \$ _____
4	_____	_____	Amount \$ _____
5	_____	_____	Amount \$ _____
6	_____	_____	Amount \$ _____
7	_____	_____	Amount \$ _____
8	_____	_____	Amount \$ _____

Total \$ _____

Form 1 – Reimbursement Form: This form should be used to reimburse a member for out of pocket expenses. All out of pocket expenses must be approved by Event Chairperson and/or Financial Secretary. This form must be submitted to the Financial Secretary no later than 30 days following the event.