

MEMBER REIMBURSEMENT FORM

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

FUNCTION: _____

DATE OF FUNCTION: _____

DESCRIPTION OF WHAT WAS PURCHASED: _____

PURCHASE PRICE: _____

CONVENTION REGISTRATION: _____

DATES OF CONVENTION: _____

REGISTRATION FEE: _____

Please attach a copy of your receipts to this form and turn it in to the treasurer for reimbursement. Reimbursement will not be issued if the form is not attached to receipts prior to request for payment. Board must have approved purchase for functions prior to reimbursement.