OCMGA

Form for Reimbursement

Committee: (choose one)

Choose an item.

Other:

Description of how money was used:

LIST EXPENSE (attach receipt): AMOUNT TO BE REIMBURSED

     

     

     

     

TOTAL

Name of Payee:

Signature by Standing Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised Jan. 1, 2014