Event or Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_\_\_

Reimbursement owed to (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Detail of expense:  |

Budget item name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by (treasurer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Reimbursement check number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of check: \_\_\_\_\_\_\_

Date of reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIPT OR INVOICE MUST BE ATTACHED FOR REPAYMENT. Please sign the back of the receipt, or print the name legibly.

Attach receipt here: