

**Request for Reimbursement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_

Phone Number:

Amount of Expense:

Purpose of Expense: \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_

Committee relative to expense:

Please indicate how payment is to be made: ( X ) reimburse – original receipt attached

 ( ) pay bill attached

\*\*\*\*Please submit this form to your committee chair.

They will submit it to the Treasurer for payment\*\*\*\*

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Chair approval: \_\_\_\_Date:

Treasurer approval: \_\_\_\_Date:

Check Number #\_\_\_\_\_\_\_ Date Paid \_\_\_\_\_\_\_\_\_