



# REQUEST FOR REIMBURSEMENT

Please complete this form and submit directly to the Treasurer within 30 days of the expense. This form must have receipts, invoices, or other proof of expenses attached in order to receive reimbursements. Please **RETAIN COPIES** of this completed form and all attached receipts, and allow 30 days for check distribution.

Requested by: \_\_\_\_\_

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

Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address/special request where check is to be sent: \_\_\_\_\_

Reason for check: \_\_\_\_\_  
\_\_\_\_\_

Please itemize all expenses for which reimbursement is requested. List each receipt, fee, charge, etc., separately. The sum should equal the total amount written above.

Item	Cost

**\*\* FOR TREASURER USE ONLY \*\***

Budget Category: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_

*Any questions or concerns, please contact Dorene Greenberg \* speaktodo@aol.com*