REIMBURSEMENT REQUEST

Paid by Check #
Date

Reimbursement Requested by:_____
Contact phone number:_____

Date of purchase:_____
Place of purchase:_____
Purchased for which event:_____
Item(s)Purchased_____
_____
Price:_____
Sales Tax:_____
Total (Price + Tax):_____

Signature of Requester:_____

Please attach copy of invoice or receipt.

Signature of Board Member after approval:_____
(President, Vice President, Treasurer or Assistant Treasurer)