



Saratoga National Cemetery Honor Guard Association, Inc.

Request for Purchase or Reimbursement

Please fill out this form either online or download, then print, sign and return, along with receipts, to the SNC office at the address below. You may also fill it out online, scan receipts, (photo is acceptable), and email to: [SNCHGuard@gmail.com](mailto:SNCHGuard@gmail.com)

I, \_\_\_\_\_, have purchased the following item(s) for the express use by the SNCHGA and request reimbursement in the amount shown:

1. \_\_\_\_\_ Amount \_\_\_\_\_

2. \_\_\_\_\_ Amount \_\_\_\_\_

3. \_\_\_\_\_ Amount \_\_\_\_\_

4. \_\_\_\_\_ Amount \_\_\_\_\_

5. \_\_\_\_\_ Amount \_\_\_\_\_

Total Amount \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(You may type in your name for the signature if submitting through email)*

Officer's Approval \_\_\_\_\_ Date \_\_\_\_\_

Finance Officer Approval \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Amount \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_