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| **Visual Art League of Lewisville**  **Reimbursement Form** | |
|  |  |
| Today’s **Date** |  |
| Purpose |  |
| Exhibition/Activity |  |
| Event Date: |  |
| **Submitted by** |  |
| **Phone** |  |
| **Email** |  |
| Send check to |  |
| **Address** |  |
| City/State/Zip |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Description of purchase |  | Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  |  |
| Total |  | $ |

**Notes:**

Take photos of receipts. Submit this form and the receipt photos to:

[lewisvillevaltreas@gmail.com](mailto:lewisvillevaltreas@gmail.com)

**If you prefer to send by mail:**

Visual Art League, c/o Chuck Hendrickson  
2105 Southernwood Ct.  
Flower Mound, TX 75028