

**Soroptimist International of Cape May County**

# Reimbursement form

All fields must be completed and receipts attached.

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Budget category** \_\_\_\_\_

**Amount requested** \_\_\_\_\_  
\_\_\_\_\_

*Complete if multiple receipts are attached*

**Description of purchase:** \_\_\_\_\_ **Amount** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total** \_\_\_\_\_

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**Treasurer use only**

**Check  
number** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Budget category</b>	€ Pickleball
	€ Girlz Rule
	€ Vacation Raffle
	€ Fashion Show
	€ Awards
	€ Holiday Giving
	€ Hugs for Health
	€ Membership
	€ Operations