



LafourcheRopingClub.com

115 Texas Street
P.O. Box 223
Raceland, LA 70394
LafourcheRopingClub1@gmail.com

Purchase / Donation / Reimbursement Request

Remit completed document with receipt to Treasurer @ monthly meeting

NAME of PURCHASER / REQUESTOR: Print: _____ Signature: _____	PHONE: _____
DATE of REQUEST / PURCHASE: _____	AMOUNT: _____
PROJECT / CATEGORY: <input type="checkbox"/> Facility Repairs / Upkeep <input type="checkbox"/> Equipment Supplies / Maintenance / Replacement <input type="checkbox"/> Donation / Sponsorship	
PAID BY (METHOD OF PAYMENT): <input type="checkbox"/> RL Debit Card <input type="checkbox"/> GR Debit Card <input type="checkbox"/> Out of Pocket Expense <input type="checkbox"/> Other _____	
<i>ITEMIZED RECEIPT REQUIRED (Tape to back of this page)</i>	
REASON FOR EXPENSE / DONATION: _____ _____ _____	
VENDOR / RECIPIENT: Name: _____ Phone: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Website: _____	
AUTHORIZATION: <input type="checkbox"/> Budgeted Item <input type="checkbox"/> Board Approved Date: _____ <input type="checkbox"/> Club Approved Date: _____ <input type="checkbox"/> Other _____	
PAID BY: _____ DATE: _____	
AMOUNT: \$ LRC CHECK No: _____	