

LSC PURCHASE REIMBURSEMENT FORM

- Check Request- Payable to: _____
- Credit Card Purchase

Date: _____ **Position:** _____
Event: _____
Phone: _____ **Admin/Char:** _____

Purchase Date	Transaction Description	Amount

Signature: _____

Approved By: _____

****Must be approved by LSC President or Amin/Charitable Vice President****

Describe expenses, attach receipts, and return to the appropriate treasurer. No money shall be reimbursed without a signature and receipt/invoice for all purchases made in support of the LSC.

Treasurer's Signature: _____
Date: _____
Check Number _____
Amount: _____