

Cedar Creek
Reimbursement Request Form

Date: _____

Person making the request: _____

Must have prior approval of expenditure _____
President or Vice-President signature

Estimated cost if not known: _____

The amount of the reimbursement request: \$ _____

Describe the purpose of the purchase and items bought:

Be sure to attach all receipts. Receipts must match the \$ amount requested

Approved by: _____ **Date:** _____

Amount Paid \$ _____ **Check#** _____

Date given to Requester _____

Requester Signature _____