



EXPENSE REIMBURSEMENT

Submit requests as soon as possible after purchase. Attach original receipt(s) to this completed form and deliver to an officer or chair, who will approve and provide to the treasurer for payment.

☐ Events ☐ Fundraising ☐ Membership/Communications ☐ Other

If other, explain: _____

Submitted By:					Date:		
Address:							
City:			State:		Zip:		
Phone:			Email:				
Signature:							
Officer/Chair Approval:							
LIST EXPENSES AND INCLUDE ORIGINAL RECEIPTS						AMOUNT	
						\$	
						\$	
						\$	
						\$	
Note: Tax is NOT reimbursable.						TOTAL DUE: \$	

Treasurer Use Only			
Amount Reimbursed:	\$	Date:	
Check No. or Bank Bill Pay:			