Expense Reimbursement Request

Requester Name:	
Position/Committee Name:	
Check Written to:	

Event: Event Date:

Itemized Expenses

Date	Item Description	Store Name	Category (General or Community Service)	Cost (\$)
Sum of Amt Requested: \$				
Reviewed and Approved:		Approval Signature:		

Check # Check Date: Check Amount \$:

* Any person wishing reimbursement must submit receipts to the treasurer, and no later than 30 days after the event or 3 days prior to end of the fiscal year, whichever comes first. Fiscal year ends July 31. (note this form and receipts can hand delivered or scanned & emailed to treasurer)