# Date of Request:

**REQUEST FOR REIMBURSEMENT**

**Name of Person Making Request: Name of Payee: Address** (if reimbursement should be mailed)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Expense** | **Expense Account** | **Description** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total:** |  |

# Additional Explanation of Expense:

**Two Signatures Required**

**Board Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Chair/Board Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Instructions***

* Attach receipts at center of the back of this form.
* ***Expense Account*** is the name found on the Profit & Loss Budget vs. the Actual Report or the Ac- count List that you’ve received.
* ***Description*** is what has been purchased.
* ***Additional Explanation of Expense*** is any info that is necessary for another person to understand what was purchased.
* ***Two Signatures required. One must be a board member.***

***For Treasurer’s Use Only***

***Check Number:***

***Date of Check: Amount:***

***In QB:***