



REQUEST FOR REIMBURSEMENT

Date of Request _____

Requested by Name & Committee/Board _____

Name of PAYEE _____

Address (if reimbursement is mailed) _____

City, ST, Zip _____

Date of Expense	Expense Account	Description	Amount
Total:			

Description and purpose: _____

Two Signatures Required	Board Member
	Committee Chair/ Board Member

Instructions

- Attach receipts. Required for 501c3 compliance. Dates must be within 60 days.
- **Expense Account** Email Treasurer@ggghouston.org for assistance if needed.
- **Description** is what has been purchased.
- **Description and Purpose:** Required for payment. Describe in detail to justify full payment.
- **Two Signatures required. One must be a Board Member.** The approval signatures must be different from the Payee.

For Treasurer's Use Only

Check Number: _____ **Date of Check:** _____ **Amount:** _____ **In QB:** _____