Friends of Oflag 64

REIMBURSEMENT FORM

Check payable to:

Name: _____

Address: _____

_____

Phone: _____ **Email:** _____

Procedure for Reimbursement:

1. Complete this form, sign and include the date.
2. Itemized receipts must accompany this form.
3. A member of the Board will authorize the expenditure.
4. The Treasurer will remit payment and retain a copy of the form with the itemized receipts.

ITEM	PURPOSE	COST
		TOTAL _____

Signature: _____ Date: _____

Board Member Authorization: _____

Treasurer: _____Date paid: _____

1/2020