

## **REIMBURSEMENT FORM**

Check payable to:  Name:  Address:						
			Phon	e: Email:	Email:	
			Proce	edure for Reimbursement:		
2. 3.	Complete this form, sign and include the date. Itemized receipts must accompany this form. A member of the Board will authorize the expenditure. The Treasurer will remit payment and retain a copy of the fo receipts.	rm with the itemized				
ITEM	PURPOSE	COST				
	TOTAL					
Signa	ture: Date:					
	d Member Authorization:					
Treas	surer:Date pa	Date paid:				