

# EBLGA Reimbursement Request



Date: \_\_\_\_\_

Event: \_\_\_\_\_

Attach a copy of all receipts for reimbursement

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Reimbursement** \$ \_\_\_\_\_

**Submitted by:** \_\_\_\_\_  
(Make Check Payable to)

**Approved by:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Check No:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_