|  |  |  |
| --- | --- | --- |
| **OGGC Request for Reimbursement** | | |
| Requestor's name: |  | Date: |
| Amount to be reimbursed: |  |  |
|  |
| Description of Items Purchased: | | |
| **Filled in by Treasurer or President** | | |
| Budget category: |  | Check #: |
| Approved by: |  | Date: |
|  |