

Reimbursement Form

Name _____

Expense & Reason	Date	Amount

Total _____

Signature _____ Date _____

Paid _____ Check # _____

This form must be filled out and presented with receipts to the treasurer within two weeks of purchase. Receipts and reimbursement forms may be scanned or photographed and emailed to the treasurer in order to facilitate prompt turn around, however, the treasurer will need the original receipts prior to making payment.
