

EXPENSE REIMBURSEMENT REQUEST FORM

Date Requested: _____ Date Needed: _____

Check Requested by: _____ Phone #: _____
(person completing form)

Make Check Payable to: _____

Committee / Budget Item: _____ Approved Motion # _____

Item Description/Purpose	Amount
_____	\$ _____
_____	\$ _____
	TOTAL \$ _____

APPROVALS

President's Signature

Secretary's Signature

Date Check Issued: _____ Check # _____

RECEIPTS MUST BE ATTACHED TO FORM

Keep this half for your records

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