



## REQUEST FOR REIMBURSEMENT

Date of Request: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Address (if reimbursement should be mailed):

\_\_\_\_\_

\_\_\_\_\_

Date of Expense	Expense Account	Description	Amount
		<b>Total:</b>	

Additional Explanation of Expense: \_\_\_\_\_

\_\_\_\_\_

### Two Signatures Required

Board Member: \_\_\_\_\_

Committee Chair/Board Member \_\_\_\_\_

### Instructions

- Attach receipts at center of the back of this form.
- **Expense Account** is the name found on the Profit & Loss Budget vs. the Actual Report or the Account List that you've received.
- **Description** is what has been purchased.
- **Additional Explanation of Expense** is any info that is necessary for another person to understand what was purchased.
- **Two Signatures required. One must be a board member.**

*For Treasurer's Use Only*

Check Number: \_\_\_\_\_ Date of Check: \_\_\_\_\_ Amount: \_\_\_\_\_ In QB: \_\_\_\_\_