



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
		Total:	

Additional Explanation of Expense: _____

Board Member or Committee Chair Signature: _____

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.

For Treasurer's Use Only

Check Number: _____ Date of Check: _____ Amount: _____ In QB: _____