



REIMBURSEMENT REQUEST FORM

Instructions:

1. Fill-out form completely
2. Provide copies of receipts
3. Submit completed form and receipts **within 45 days of purchase** to treasurer for processing

NAME: _____ DATE: _____

ITEMS PURCHASED

Quantity	Description	Cost per unit	Total
TOTAL:			

Reason for Purchase: _____

Make check payable to: _____

In the amount of: _____

Send check to: _____

Signature: _____

For Regional use:

Approved by: _____

Received date:	Date paid:	Check #:
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