

# Reimbursement Request

Name:	Phone: (      )      -
Item or Service Purchased:	
DATE SUBMITTED: /      /	DATE ISSUED: /      /
Project or Event:	
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET      or <input type="checkbox"/> (APPROVED By B. Q. D. DATE: / / )	
CHECK PAYABLE TO:	AMOUNT: \$
FULL ADDRESS: (If check will be mailed to you.)	

Receipt(s) totaling the amount of reimbursement must be attached.  
*(please circle items on the receipt)*

APPROVED BY (OFFICER):	DATE: /      /
APPROVED BY (OFFICER):	DATE: /      /

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_