



## REIMBURSEMENT REQUEST FORM

**Instructions:**

1. Fill-out form completed
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
<b>TOTAL:</b>			

Reason for Purchase: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

In the amount of: \_\_\_\_\_

Sent check to: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Club use:**

Approved by: \_\_\_\_\_

Received date:	Date paid:	Check #:
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