

BOWS AND BEAUS REQUEST FOR REIMBURSEMENT

DATE _____ NAME _____

ITEM(S) PURCHASED (receipts attached) _____

ASSOCIATED ACTIVITY _____

AMOUNT OF PAYMENT REQUESTED \$ _____

| | |
|--------------------------------------|-------------------|
| CATEGORY / CLASS _____ | For Treasurer Use |
| DATE OF BOARD APPROVAL _____ | |
| DATE / NUMBER OF CHECK WRITTEN _____ | |