



REQUEST FOR REIMBURSEMENT

Date: _____ Name: _____

Amount Requested: \$ _____

If amount is different from receipt total, please circle items on receipt for which you are claiming reimbursement.

ITEM(S) PURCHASED (attach receipts):

ASSOCIATED ACTIVITY: _____

CATEGORY / CLASS: _____ IS THIS A BUDGETED EXPENSE: Yes / No If no, date of board approval: _____ DATE/NUMBER OF CHECK WRITTEN: _____	For Treasurer Use
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