



Reimbursement Form

Requested By: _____

Date: _____

Type of Request:

Payment via Check Payment via Credit Card Reimbursement via Check

If payment is needed by a specific date, please email jf2@mindspring.com

Budget Code	Description	Receipt/Invoice Attached?	Amount
Total Amount Requested:			

Pay To: _____

Telephone: _____ Email: _____

Preferred Contact Method: Telephone Email

Check Delivery Method:

Mail To: _____

If mailing is requested, please provided stamped, addressed envelope and any necessary paperwork.

Approval (expenses must be approved by appropriate board member):

Name: _____	Title: _____
Signature: _____	Date: _____

For treasurer's use only: Check # _____ Amount: _____