REQUEST FOR REIMBURSEMENT

PAY TO:

	BUDGET CATEGORY / FUND	EVENT / SUB-CATEGORY	ITEM	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
			TOTAL	

REIMBURSEMENT AUTHORIZED BY:
DATE:

1 - Each request form for is for only one payee.
2 - Attach a receipt for each line item denoting which items on the receipt are to be reimbursed.
3 - Budget Category / Fund and Amount must be filled in. Event / Sub-Category and Item are optional.
4 - Authorized signature is by person responsible for Budget Category / Fund (V.P. or committee chair).
5 - **No One** can authorize their own reimbursement (committee chair would require V.P.; V.P. would require Pres.)
6 - Please write legibly.