

SUPPORT LIKE THIS! REIMBURSEMENT REQUEST

REQUEST FOR: _____ (ITEM(S) TO BE REIMBURSED)
PURCHASED FROM: _____ (STORE/VENDOR)
FOR: _____ (EVENT/COMMITTEE/SUPPLIES/OTHER)
IN THE AMOUNT OF: _____ (RECEIPT TOTAL)

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CHECK PAYABLE TO: _____

TOTAL AMOUNT TO BE REIMBURSED: \$ _____

SIGNATURE: _____ DATE: _____

(All reimbursements will be processed within 1 week. Receipts must be attached for reimbursement.)

Treasurers Signature: _____ Check #: _____ Date: _____