

LANSDOWNE LIGHTNING
REQUEST FOR REIMBURSEMENT / PAYMENT

Date: _____

Payment Information:

Request for: Reimbursement Pay Direct to Product / Service Provider

Make Check payable to: _____

Amount: _____

Description (please include name of meet if possible):

*** Receipts MUST be TAPED to the back of this form. Use additional sheets if necessary.*

Requestor Information:

Name: _____

Address (so check can be mailed or dropped off):

Phone: _____ Email: _____

Please give or e-mail this completed form and a copy of the receipt to Christina Tragle, Treasurer at ctragle@gmail.com or drop it at 18737 Upper Meadow Drive, Lansdowne, Va 20176.

Treasurer Notes:

Paid Date: _____ Check Number: _____