



Request for Funds Reimbursement/Payment

If original receipts are not attached, you WILL NOT be reimbursed
Attach invoice from Vendor

Date of this request: _____

Budget Category Title
OR Name of Event _____

Person Requesting Reimbursement or
Vendor name _____

Date of expenditure _____

Amount Requested \$ _____

Approved by CHAIR signature X
Committee _____

Itemized List of Expenditures:

Three horizontal lines for itemized list of expenditures.

Does the item need to be mailed? YES NO

Mail to:

Three horizontal lines for mail to address.

To be completed by Treasurer:

Table with 2 columns and 6 rows for treasurer completion: Amount of Reimbursement Allowed, Check Number Issued, Date, Issued to, Posted to Budget Category Name, Updated Budget Amount, Invoice #.