



# Request for Reimbursement

Please attached receipts

Who \_\_\_\_\_

Date \_\_\_\_\_

Purpose \_\_\_\_\_

How did you pay for item  Cash  Check  Credit/Debit Card

Amount to reimburse \$ \_\_\_\_\_

Requested By (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Director Use Only

Budget Line \_\_\_\_\_

Authorized By \_\_\_\_\_

Date \_\_\_\_\_

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## Treasurer Use Only

Check # \_\_\_\_\_

Check Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Date Entered in Charms \_\_\_\_\_

Treasurer Signature \_\_\_\_\_

Date \_\_\_\_\_