



EXPENSE REIMBURSEMENT FORM

Name/Payee _____
 Street _____
 City _____ State _____ Zip _____

Date	Description of Expense	Reason for Purchase	Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Approved by (Officer): _____ Date: _____

NOTE: All expenses shall be pre-approved and the request for reimbursement of expenses shall be submitted within 30 days of purchase. A receipt, itemizing the of expenses encumbered by the Club, must be attached to this form for reimbursement.



EXPENSE REIMBURSEMENT FORM

Name/Payee _____
 Street _____
 City _____ State _____ Zip _____

Date	Description of Expense	Reason for Expense	Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Approved by (Officer): _____ Date: _____

NOTE: All expenses shall be pre-approved and the request for reimbursement of expenses shall be submitted within 30 days of purchase. A receipt, itemizing the of expenses encumbered by the Club, must be attached to this form for reimbursement.