



REIMBURSEMENT REQUEST

Total Requested Amount _____

Purchaser's Name _____

Purchaser's Signature _____

Request Submittal Date _____

Purpose of Expenditure _____

Reimbursements must be requested within 2 months of date of purchase or within 1 month of the close of fiscal year (by May 31), whichever is earlier.

Attach receipts with purchaser's name written on form and items(s) circled. Mount receipts on plain white paper if they are not 8.5" by 11" in size (to make copying easier).

Place reimbursement request in treasurer's folder.

Program (office use only)	Item or Description	Merchant	Purchase Date	Amount	
			TOTAL:		

Approved by Treasurer _____ Date _____

Form last updated 9/09

Check # or Account Credited	
Date Paid/Credited	