

Reimbursement Request or Expense Authorization Form

Attach all receipts to the back of this form (or other corresponding records)

Requestor's name: _____ Check made out to: _____

Description of expense: _____

Amount: _____

Organization: _____

This request is for A reimbursement
 An advance payment (under \$50)

Notes (e.g., enter payee address if not committee member)

For office use only:

Date paid:

Notes:

Budget:

Requestor's signature: _____ Date: _____

Committee leader's signature: _____ Date: _____

Accounting signature: _____ Date: _____

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