

REQUEST FOR REIMBURSEMENT

Revised 9/2019

To: Treasurer

From: (Committee/Person) _____ Date _____

Expenditures For _____

X _____

X _____

Signature of Committee Chairperson

Signature of Person Submitting Request

List of Expenditures (ATTACH ALL RECEIPTS)

Items	Total
Total	

Make Check Payable to: _____

Address for Mailing Check _____

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