



Request for Reimbursement

Requested by: _____

Date: _____

Make payment to: Name: _____

Address: _____

Itemized Expenses:

Who did you pay?	Committee	Purpose of Expense	Amount Paid	Receipt Attached?
<i>Michaels</i>	<i>Service: Treasure Boxes</i>	<i>Surface</i>	<i>\$3.10</i>	<i>Yes</i>
		Total		

Check Number:

Date of Check:

Amount of Check:

President's Signature:

Date:

Treasurer's Signature:

Date: