## [Local Name] Reimbursement Form

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total of Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the request type and attach original receipts to this form.

* Mileage to/from (attach internet map)\_\_\_\_\_\_
* Hotel
* Food
* Postage
* Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please itemize the reimbursement’s below:

|  |  |  |  |
| --- | --- | --- | --- |
| Expense Date | Description | Charge To: | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL *\*Please include any sales tax on reimbursements* | | | $ |

**This voucher requires specific approval by an officer, do not send it in without that approval**.

Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Officer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For Treasurer’s Use Only: | | | | |
| Treasurer Initials: | Date Paid: | Check #: | Amount Paid: | Notes: |