



### Reimbursement Request Form

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Reason(s) for expenditures? (Please attach receipts.)

- Project (amount & project name): \_\_\_\_\_
- Bartending: (date) \_\_\_\_\_
- Membership Supplies \_\_\_\_\_
- Housing (equipment/maintenance/etc.) \_\_\_\_\_
- Meeting Incentives \_\_\_\_\_
- Membership Rewards \_\_\_\_\_
- Board Allowances (must be approved by President) \_\_\_\_\_
- President Allowances \_\_\_\_\_
- Advertising/Recruitment \_\_\_\_\_
- Other (amount & category - review budget categories & try to list a budget category before listing Misc) \_\_\_\_\_

**DETAILS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Treasurer use only*

Check #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date issued: \_\_\_\_\_

Delivery method:  In person  By mail