



**Reimbursement Request Form**

**Note:** ALL check requests *MUST* be accompanied by appropriate receipts or documentation. Please staple all receipts to the *BACK* of this form.

Amount of Check:   
Date Requested:

Make Check Payable to:

*(if mailing)*

Address:

City, State, Zip:

**AUTHORIZATION**

Committee/Office:

Committee Chairperson /Officer (**Print Name**):

Chairperson's / Officer's Authorization (**Signature**): \_\_\_\_\_

**Detail of Check Request:**

1. Description:	<input type="text"/>	Amount: \$	<input type="text"/>
Event or Purpose of Purchase:	<input type="text"/>		
2. Description:	<input type="text"/>	Amount: \$	<input type="text"/>
Event or Purpose of Purchase:	<input type="text"/>		
3. Description:	<input type="text"/>	Amount: \$	<input type="text"/>
Event or Purpose of Purchase:	<input type="text"/>		

**I avow that I have incurred these expenses on behalf of the Chapter and request reimbursement.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Treasurer's Use:</b>			Check # _____
Check Date _____			Amount _____
Account #	Class #	Property	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Mailed/Delivered _____			