



# Reimbursement Request

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

Budget Category: \_\_\_\_\_

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

Date needed (if applicable): \_\_\_\_\_

Payable to: \_\_\_\_\_

Street address \_\_\_\_\_

City, zip \_\_\_\_\_

Type of reimbursement:  Expense Reimbursement \*       Service \*\*

Expense Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor signature: \_\_\_\_\_

Committee chair signature (if applicable): \_\_\_\_\_

Authorized Signature (president or designee): \_\_\_\_\_

Paid with Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Paid with Debit #: \_\_\_\_\_ Date: \_\_\_\_\_

\* Reimbursement requests for expenses must be accompanied by applicable receipts, invoices, or other valid proof of payment. Donation letters will be provided for donations without valid proof of payment/purchase.

\*\* Payment for services exceeding \$600 per individual/entity per calendar year will not be made without a completed W-9.