Reimbursement Request Form

Document No.: F-03-001 Effective Date: 05/2026

Requestor's Name: _____

Phone/Email: _____

Date Submitted: _____

Expense Details

Purpose of Expense: _____

Event or Budget Category: _____

Date of Purchase: _____

Itemized List of Expenses

Item	Vendor	Amount
Total		$_____

☐ Original receipts attached

☐ Pre-approved by: _____

Payable To: _____

Mail or Deliver Payment To (if different):

_____

_____

Approved by Treasurer: _____
Date: _____

Approved by Second Officer: _____
Date: _____