

REIMBURSEMENT & RECEIPT REQUEST FORM

NAME: _____ **PROJECT (if applicable):** _____

DONATIONS

EXPENSES

Date	Description of Item	Cost	Date	Description of Item	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Donation Total = _____

Expense Total = _____
(See note below)

Grand total of Donations & Expenses = _____

Comments:

Please send me a check for \$_____. Please give me a donation receipt for \$_____.
Please apply \$_____ to my club dues payments.

**Note: Maximum reimbursement for minor purchase expenses is \$75.00.
Total expenses can exceed \$75.00 if they include major purchases.**

Enclosure (1)