

PINE-RICHLAND [insert group name here] Committee Reimbursement Form 2015 -2016 Fiscal Year

Date: _____
Committee: _____
Name: _____
Email: _____
Phone: _____

Reimbursement Check:

- Pick up at next game/group event
- Other (please indicate below)
- Mail to: _____

Procedures:

Tape the original detailed receipt for each purchase to the back of this form or to another sheet of paper. Please do not staple receipts to this form.

Circle or highlight the amounts on each receipt requested for reimbursement.

Place this completed form and receipts in an envelope addressed to the group Treasurer, and drop off to the treasurer or the group President.

Please photocopy your reimbursement request and receipts for your own records.

Committee members must submit their reimbursement request within 30 days of conclusion of the committee event.

Date of Purchase	Description (Vendor + Item Desc./Purpose of Expense)	Total Amount
Total Due:		

Questions? _____
Treasurer: [insert treasurer name]
email: [insert treasurer email addr]
Home: _____
Cell: _____