
Expense Reimbursement Form

INSTRUCTIONS: Please complete all unshaded portions of form. Attach original invoices, receipts, or billing statements. Remember to include sales tax on reimbursable items.

Detail of Expense

Requestor: _____ Phone Number: _____

Payee: _____ Amount Requested: _____

Reason/Explanation for Expense: _____

Method of Payment

Pay attached bill

Reimburse me at next meeting

Other (please include address for mailing): _____

Authorized Signature:

Name: _____ Date: _____

Treasurer's Use Only

Payee: _____

Check Number: _____ Check Date: _____

Check Amount: _____

Budget Category: _____