

## Request for Reimbursement

Attach all Receipts to this Statement

Name \_\_\_\_\_

Office/Committee \_\_\_\_\_

Expenditure was for: \_\_\_\_\_

List Expenditures: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenditures: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR TREASURER USE:**

Budgeted activity     
  Funds released by members     
  Executive Board-approved expenditure

Check Number	Category	Total Budget	Donations	Expenses	Remaining Balance



**Fielding Lewis Chapter**