



EXPENSE REIMBURSEMENT/AUDIT FORM

CHECK ONE:

DATE: _____

_____ CHECK REQUEST

AMOUNT: \$ _____

_____ EFT RECEIPT

_____ OFFICER CC RECEIPT

Check payable to: _____

Mail or deliver to: _____

Requested by: _____
Print Name Signature

Notes or comments: _____

Please attach receipts and additional supporting data to this form.

FOR TREASURER'S USE ONLY

CHARGE TO:

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

Officer's Signature Date Approved: _____

Officer's Signature Date Approved: _____

Date Paid: _____ Amount: \$ _____ Check #: _____