



<b>To be completed by Treasurer:</b>
Check No. _____
Amount _____
Date Received _____
Date Paid _____
Check cleared: _____

## Request for Funds/Reimbursement

Check Payable to: \_\_\_\_\_

Purpose Of Funds: \_\_\_\_\_

\_\_\_\_\_

If Being Mailed Provide Complete Address:

\_\_\_\_\_

Requested by: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Member Account to be debited: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

\*Complete below for reimbursement:

Date	Item Purchased	Place Purchased	Amount

**Total \$** \_\_\_\_\_

**NOTE:** Please attach the receipts listed above to the back of this form.