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## PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

List Expenditures: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL EXPENSE** \$ \_\_\_\_\_

Total Amount Claimed From Above \$ \_\_\_\_\_

Minus Advance Received \$ \_\_\_\_\_

Reimbursement Claimed \$ \_\_\_\_\_

Not claimed – donate \$ \_\_\_\_\_

Refund (Enclose Check) \$ \_\_\_\_\_

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

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**TREASURER USE:**

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due
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