



Date: _____

Reimbursement/Donation Form

[] Reimbursement OR [] Donation

Name: _____ Address: _____

- * Receipt(s) must accompany all reimbursement requests. *
- * Reimbursement requests must be submitted within 30 days of purchase. *
- * Expenses that do not have a clear budget line item might not be reimbursed. *
- * Obtain Authorization from the person responsible for this line item. Do this **BEFORE** you make the purchase. *

Thank you for your help! To be reimbursed, please complete ALL sections of the table below:

Budget Line Item	Purchase Authorization	Authorization Signature	Receipt From (Store Name)	What Was Purchased	Amount
TOTAL REIMBURSEMENT:					

1. Attach receipts.
2. Complete this form and submit it to the Treasurer within 30 days of purchase. Deposit in Treasurer's box in the main office. Checks are printed and signed once a month at the community business meetings. Thank you!

QB	TREASURER	Date Paid	Check#
	USE ONLY		