

EXPENSE REIMBURSEMENT / PREPAYMENT FORM

Date of Request: _____

Amount Requested: \$ _____ **

Check Payable to: _____

Address for mailing check: _____

E-Mail: _____

Indicate the Budget line item for expense or prepayment:

- Administration: _____
- Membership: _____
- Fundraiser: _____
- Humanitarian Support: _____
- School Grants and Support
 - Enrichment: _____
 - Field Trips: _____
 - Teacher/staff supply grants _____
 - Other _____
- Programs: _____

**Please attach copies of supporting documentation / receipts / invoices to this form.

Requested by
 (Signature): _____

<u>Treasurer's Use Only</u>
Check # _____
Amount \$ _____
Date Paid _____
Database Entry _____
Treasurers Initials _____