

STATEMENT FOR REIMBURSEMENT OF BILLS

(Please attach original bill or receipt)

YOUR NAME _____

DATE OF PURCHASE _____

LOCATION PURCHASED _____

FOR: (Cruise, luncheon, newsletter, etc)

ITEMS: _____ AMOUNT: _____

ITEMS: _____ AMOUNT: _____

ITEMS: _____ AMOUNT: _____

ITEMS: _____ AMOUNT: _____

TOTAL AMOUNT: _____

Note: Please itemize the above for bookkeeping breakdown. All bills over \$25. Should be submitted to the Treasurer within 2 weeks of the expenditure. The form shall be signed by the appropriate Committee Chairman and an additional member of the appropriate Committee.

Authorized by _____

Committee Chairman

Additional Committee member