



REQUEST FOR PAYMENT OR REIMBURSEMENT

| | | | |
|---|-----------------|--------|----------|
| Pay to: <i>(please print)</i> | Name: | | |
| | Street Address: | | |
| | City: | State: | Zip Code |

Purpose (describe the type of expense and event/activity to which it relates):

**ATTACH ALL INVOICES/RECEIPTS – Must be submitted within 90 days of expense
NO REIMBURSEMENTS MADE WITHOUT PROPER DOCUMENTATION!**

| Expense Type | Description | Cost |
|--|--------------|------|
| Supplies | | \$ |
| Telephone | | \$ |
| Postage/Shipping | | \$ |
| Printing/Publications | | \$ |
| Promotion/Publicity | | \$ |
| Reproduction | | \$ |
| Coaching | | \$ |
| Costuming | | \$ |
| Other Expenses <i>(please specify)</i> | | \$ |
| | | \$ |
| | TOTAL | \$ |

Amount Requested: \$
Authorized in Budget? Yes No
Approved by the Board? Yes No

| | |
|--|---|
| Requested by: (Sign on the line below) | Approved by: (Sign on the line below) |
| Date | Date |
| <i>(print or type name and title)</i> | <i>(print or type designated approval officer's name)</i> |

PLEASE SUBMIT APPROVED REQUEST TO TREASURER FOR PAYMENT OR REIMBURSEMENT.

For Treasurer's use only:

| | | |
|-----------------------|-------------------|-------------------|
| <i>Total Paid: \$</i> | <i>Check No.:</i> | <i>Date Paid:</i> |
|-----------------------|-------------------|-------------------|