Reimbursement Form

Organization_____ Date_____

Contact Person_____ Phone Number_____

Please attach ORGINIAL receipts. Credit card receipts are not acceptable. For **MEALS**, please list members present.

	Purpose/Event Name	**Amount**
Vendor:		
Vendor:		
Vendor:		
Vendor:		
Vendor:		
Vendor:		
Total Reimbursement		**$** 0.00

At least TWO of the following people must sign this form in order for the reimbursement to be processed. Please allow 2-4 weeks for processing.

_____ _____ _____
President's name Signature Date

_____ _____ _____
Treasurer's name Signature Date

_____ _____ _____
Organization's Advisor Signature Date

Rev 07/03

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.