



## PAYMENT/REIMBURSEMENT FORM

PAYMENT TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Expense	Description	Amount	Budget Category (For Treasurer Use)
		\$	
		\$	
		\$	
		\$	

Receipts must be attached for all expenses, and the form signed and dated. Reimbursement requests must be submitted within 90 days of the date expenses are incurred, or reimbursement will be denied. All payments must be requested by June 25 for expenses of the fiscal year ending June 30. If no receipt is available, request the Missing Receipt Affidavit Form from the Treasurer.

Notes:

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Treasurer: \_\_\_\_\_