



BOARD MEMBER REIMBURSEMENT REQUEST

Please make check payable to:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Expenses:

Please submit this form within 30 days of incurred expense.

DATE	Explanation of Expense	Account/Purpose <i>Admin use only</i>	Amount
Subtotal			
Advance Payment Toward Expenses			
Expenses Less Advance Payment			
Total Reimbursement Amount			

Please attach original receipts.

Board Member Signature: _____ Date: _____

Approved by: _____ Date: _____