

REIMBURSEMENT REQUEST

This form is to be

- **completed** by the person requesting reimbursement and turned into the Administrator with **original** receipts
- **used** and **filed** by Administrator as basis for payment request on *Payment Summary*

Person to be reimbursed	
Mailing Address	
Date of request	
Total requested	

VENDOR	BUDGET LINE	AMOUNT	Items purchased
Example: Target	Auction	\$25	Card stock for bid paddles

<p>For Administrator use:</p> <p>Date of related Payment Summary for week ending Sunday: ___/___/___</p>
