

# Reimbursement/Contribution Form

Date: \_\_\_\_\_ Reimbursement Check #: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Approved by (Committee Chair or Finance chair): \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Description of Purchase	Amount	sales tax	shipping	Budget Category
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____

I would like this credited as a contribution and do not wish to be reimbursed.

