



REIMBURSEMENT FORM

Name of club/organization: _____

Name of person being paid: _____

Amount being paid: _____ Date: _____

Event: _____

Description of expenditure: _____

Club president or treasurer signature: _____ Date _____

You CANNOT sign for your own reimbursement. Please have an officer of your organization sign. (Staple all receipts to the back of the reimbursement form in the top left corner)

EO for Finance signature: _____ Date _____



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