REQUEST FOR REIMBURSEMENT

SUBMIT THIS FORM WITH ORIGINAL SALES SLIPS ATTACHED

PLEASE DO NOT COMBINE PERSONAL ITEMS WITH PURCHASES MADE FOR THE SKI CLUB

NAME: _____

Date request is submitted: _____

Date of purchase: _____

What was purchased and reason for purchase:	Amt. of receipt

Total $ _____

Budget category(ies) _____

_____

_____

For Treasurer's use only:

Amt pd.:

Date pd.:

Check #: