Treasurer Use Only

Check #	
Check Date	
Amount Paid	
Budget Line	

Request for Reimbursement

(attach all receipts to this expense statement)

Name of Payee _____

Council Position
- ☐ Executive Officer
- ☐ Committee Chair
- ☐ Unit Delegate
- ☐ Other

email _____

phone _____

Mailing Address _____

(if check to be mailed) _____

Expenditure Purpose _____

_____

Itemized Receipts

_____ $_____

_____ $_____

_____ $_____

_____ $_____ (list more receipts on back of page)

Total Expense $_____

minus advance received $_____

minus amount not claimed (donation to Council) $_____

Total Reimbursement $_____

- ☐ I will pick up my check
- ☐ Please mail my check

Signature of Payee _____ Date _____

Authorized Signature _____

(Executive Officer or Committee Chair)