

# HJWC REIMBURSEMENT REQUEST FORM

\_\_\_\_\_ OUT-OF-POCKET EXPENSE or \_\_\_\_\_ \*VENDOR EXPENSE

**RECEIPTS MUST ACCOMPANY THIS FORM**  
**NO reimbursements will be made without receipts.**

NAME: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

WHAT IS EXPENSE FOR: \_\_\_\_\_

\*VENDOR TO BE PAID: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

INVOICE DATE	DESCRIPTION (ATTACH RECEIPTS)	AMOUNT

COMMITTEE CHAIR: \_\_\_\_\_ DATE \_\_\_\_\_

\*FUNDRAISING CHAIR: \_\_\_\_\_ DATE \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ DATE \_\_\_\_\_

\*\*TREASURER \_\_\_\_\_ DATE \_\_\_\_\_

\* Signature required only if expense is related to Fundraising.

\*\*Treasurer must sign expense requests from the President.

All expenses must be submitted within 30 days of incurring expense. No reimbursement will be made for tax. All expenses must be approved by the above and be within budget.

Check Number \_\_\_\_\_

Date Paid \_\_\_\_\_

Revised 1/8/15