



Reimbursement

Payee _____

Mailing Address _____

City _____ Zip _____

Telephone (____) _____ Fax (____) _____

Amount \$ _____ . _____ (receipt(s) **must** be attached)

Charge to (program/committee):

_____ \$ _____ . _____

_____ \$ _____ . _____

_____ \$ _____ . _____

Explanation of Expenditure

Submitted By: _____ Date ____/____/____

Submitted To: _____ Via _____

Reimbursement for program/committee expenditures require the chairman's approval

Date Received ____/____/____ Approved _____ Not Approved _____

By: _____

Submitted to State Office via: _____ Date ____/____/____

Date Received ____/____/____

Date Check issued ____/____/____ Check # _____

Date Check Mailed ____/____/____