

Reimbursement & Payment Authorization

Request for reimbursement or payment. Attach itemized receipts.

Who to pay

PAYEE NAME

SUBMITTED BY (IF DIFFERENT)

MAILING ADDRESS

PHONE

EMAIL

DATE

What the purchase was for

ITEMIZED DESCRIPTION

PROGRAM / EVENT

AMOUNT

TOTAL

Original, itemized receipts attached

Authorization

Signed to document the expense was authorized (in the approved budget and released by the membership).
The roles that sign are set by your bylaws; adapt the lines below to match.

PRESIDENT (SIGNATURE)

DATE

SECRETARY (SIGNATURE)

DATE

FOR TREASURER USE ONLY

DATE PAID

CHECK # / TRANSACTION

Coded to budget line

Reconciled