

**Expense Reimbursement Form
2020 - 2021**

PLEASE ATTACH ALL RECEIPTS TO THE EXPENSE REQUEST

If mailing, tape all loose receipts to an 8.5x11 piece of paper and attach
If emailing, scan all receipts and include with form

CIRCLE ONE

PAYMENT TO VENDOR

REIMBURSEMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

IF PAYMENT DIRECTLY TO VENDOR **PAYMENT DUE DATE:** _____

EXPENDETURE IS FOR WHAT EVENT: _____

LIST EXPENSES: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL DUE \$ _____

NOT CLAIMED FOR REIMBURSEMENT / DONATED \$ _____

SIGNATURE: _____ **DATE:** _____

FOR FOUNDATION TREASURER USE

CHECK# _____

ANNUAL GIVE ___ **EVENTS** ___ **ALUMNI** ___ **SCHOLARSHIPS** ___
COMMUNITY PARTNERS ___ **OTHER** ___

TREASURER SIGNATURE: _____ **DATE:** _____