Fill out the form below completely. All receipts should be attached to the form and emailed to the President-elect or Past President **AND** the Treasurer. All items should have pre-approval from the Budget & Audit Committee. Submit expense requests and descriptions no later than 4 weeks **BEFORE** purchase date with a quote, unless otherwise specified by the Budget & Audit Committee. If expense requests are submitted after purchase, there is no guarantee the Committee will grant reimbursement.

Date Submitted			
Submitted by			
Date Funds Needed b	у		
Phone & Email			
Send Check to (name)			
Address			
City/State/Zip			
Description of Purcha	se		Amount
		_	
		Total	
	- u o		
	Treasurer Use O	nly	
Check Number	Amount	D	ate
Circle One: Approved/Denied Rea	ason for denial:		