

GENERAL

REIMBURSEMENT FORM OR CHECK REQUEST

AMOUNT REQUESTED: \$ _____

This form is designed to be completed electronically. Please fill in blue areas, print and submit.

CATEGORIZE

Select One:

Administration

Fundraising

If Fundraising, check one:

Gala/Crab Feast

Other _____

If Administration, check one

Insurance

Marketing

Membership

Printing, postage, etc

Property Management

Scholarships

Software

Tax Prep

Tax Prep

Other _____

MAKE PAYABLE TO: _____

NAME: _____

ADDRESS1: _____

ADDRESS2: _____

CITY/STATE/ZIP: _____

Must complete address section to receive check by mail. Otherwise will give to approver for distribution

Description of purchase (one line per receipt)	AMOUNT
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
TOTAL AMOUNT:	_____

ATTACH ORIGINAL RECEIPT OR INVOICE for each item listed - incomplete documentation will be returned

SUBMITTED BY: _____
Signature _____ Print Name _____

APPROVED BY: _____
WGPAB BOARD MEMBER OR COMMITTEE LEAD

FOR PAB TREASURER USE ONLY

PAB PRESIDENT APPROVAL SIGNATURE

CHECK #/DATE: _____ / _____

RELEASED BY: _____

RELEASED DATE: _____

RELEASED METHOD: _____