



For Treasurer's Use ONLY

Date received: _____
Date check provided: _____
Check #: _____

**-Reimbursement Request Form-
STAPLE RECEIPT(S) TO THIS FORM**

- Today's Date: _____
- Name of Person Being Reimbursed: _____
- Laning SCA Committee Name: _____
- Committee's Project or Event: _____
- Amount: \$ _____

If one receipt/invoice includes purchases for different committees, indicate each committee name, project/event and dollar amounts.

This receipt is for (check one)

- Reimbursement (I have not yet been reimbursed)
- For Treasurer's Records (I have already been reimbursed)

I verify I am requesting reimbursement for the above-stated purpose.

-OR-

I have already been reimbursed for this purchase

Signed

Date

Instructions

- **Fill out this form in its entirety**
- **STAPLE RECEIPT(S) TO THIS FORM**
- **Submit to the Treasurer.** The Treasurer has a mailbox in the main office. Or, please contact her/him to make arrangements to deliver this form & your receipts.
- **Submit within 10 days of purchase.** If there are extenuating circumstances, please contact the Treasurer and provide her/him with an estimated date when the receipt is expected.