**FotA Expense Reimbursement Form**

|  |  |
| --- | --- |
| Date of request: |  |
| Requester’s name: |  |
| Requester’s address: |  |
|  |  |
| Pay to (if other than requester): |  |
| Address: |  |
|  |  |
| Purpose: |  |
|  |  |

**Itemized expenses – do not forget to attach receipts**

|  |  |  |
| --- | --- | --- |
| Date | Description / Vendor | Amount (US $) |
|  |  |  |
|  |  |  |
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|  |  |  |
|  | Total |  |

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Requester’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval signature Date

|  |
| --- |
| FOR TREASURER’S USE |
| Amount reimbursed |  |
| Check number |  |
| Date |  |
| Budget category |  |

FotA 5/29/2019