

SOROPTIMIST INTERNATIONAL OF GLENDALE

REQUEST FOR REIMBURSEMENT

Date \_\_\_\_\_

Requested By \_\_\_\_\_

CHECK INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Contact: \_\_\_\_\_

Event:/Item: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Budgeted? Yes/No \_\_\_\_\_

Date of Meeting Approval: \_\_\_\_\_

Receipts Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

TREASURER'S SECTION:

Check No. \_\_\_\_\_ Date \_\_\_\_\_

Charge To: \_\_\_\_\_ Fund: \_\_\_\_\_

Notes: \_\_\_\_\_