



SOROPTIMIST®

Investing in Dreams

**REQUEST FOR REIMBURSEMENT**

Date \_\_\_\_\_

CHECK INFORMATION

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

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

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

Zip: \_\_\_\_\_

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

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

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

Amount of Reimbursement: \_\_\_\_\_

Budgeted: (Y/N) \_\_\_\_\_

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

Receipts Attached: (Y/N) \_\_\_\_\_

TREASURER'S SECTION:

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

Date: \_\_\_\_\_

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

Fund: \_\_\_\_\_

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

P.O. Box 826, Glendale, CA 91209

[www.soroptimistglendale.org](http://www.soroptimistglendale.org)

*"A global volunteer organization that provides women and girls with access to the education and training they need to achieve economic empowerment."*

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