

R.C.G.S.E. Reimbursement Request Form



DATE OF REQUEST

REQUESTED BY

ALSO KNOWN AS

This Form Must Be Filled Out Completely and All Receipts Included With the Form Before Any Reimbursement Will Be Made

Reimbursement Reason	Receipt Date	Purchased From	Sales Tax	Amount	R.C.G.S.E. TREASURER USE ONLY		
					Reimbursement Fund	In Budget (Yes/No)	Amount Reimbursed
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
Total Amount Requested			\$		Total Reimbursed	\$	

REQUIRED SIGNATURES	
REQUESTORS SIGNATURE	DATE
APPROVER / POB SIGNATURE	DATE
TREASURER SIGNATURE	DATE

R.C.G.S.E. TREASURER USE ONLY			
REIMBURSEMENT BY CHECK			
Date Check Written		Check Number	
Payee Name (Printed Clearly)			
REIMBURSEMENT BY VENMO			
Date Sent		Venmo Handle	
REIMBURSEMENT BY PAYPAL			
Date Sent		PayPal Handle	
IS BOARD APPROVAL NEEDED			
YES		NO	Date Approved

**Any Amount Over Budgeted Amounts Will Require Board Approval.
All Receipts Must Be Turned In Within 15 Days To Be Reimbursed.**