



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

**Reimbursement Request** (indicate details of club / area / division, event, and purpose such as TLI, Conference, Contest, Administration):

\_\_\_\_\_

**Reimbursement Payment should be made out and sent to:**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

*Please submit within 1 week of purchase.*

Sales Tax will not be reimbursed on MA purchases – please use tax exempt form

**July 1 – December 31** Final expenses must be submitted by January 15, 2019

**January 1 – June 30** Final expenses must be submitted by June 30, 2019

Send this completed form and scanned receipts to: [gina@district31.org](mailto:gina@district31.org)

Receipt Number	<u>Type/Description</u> Postage, Telephone, Travel, Supplies, Equipment, Copying, Food, etc.	Amount	Date of Purchase
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
<b>Total</b>		\$	

For District Administration Use Only

Check Number \_\_\_\_\_ Date Mailed \_\_\_\_\_

Approvals:

District Director \_\_\_\_\_

Lieutenant Director \_\_\_\_\_

Finance Manager \_\_\_\_\_