



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

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

For District Administration Use Only

Check Number _____ Date Mailed _____

Approvals:

District Director _____

Lieutenant Director _____

Finance Manager _____