

REQUEST FOR PAYMENT OR REIMBURSEMENT

Amount Requested: _____ Authorized in budget? Yes ___ No ___

Pay to: Name: _____
PLEASE Street address: _____
PRINT City: _____ State: _____ Zip code: _____

Purpose (describe the type of expense and event/activity to which it relates):

ATTACH ALL INVOICES / RECEIPTS
NO REIMBURSEMENTS MADE WITHOUT PROPER DOCUMENTATION

Request by: _____ Approved by: _____
 Signature Date Signature Date

 Print name and title Print Designated Approval Officer's Name

----- Program Name -----

Expenses	Dance/minicomp	Membership	Newsletter	
Supplies	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Postage & shipping	_____	_____	_____	_____
Printing/Publications	_____	_____	_____	_____
Promo & Publicity	_____	_____	_____	_____
Reproduction	_____	_____	_____	_____
Dance facilities/food	_____	_____	_____	_____
Judges/lessons	_____	_____	_____	_____
Temp. help	_____	_____	_____	_____
Membership	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

HAVE YOU: ATTACHED RECEIPTS? SIGNED FORM? OBTAINED APPROVAL SIGNATURE?

PLEASE SUBMIT APPROVED REQUEST TO CHAPTER TREASURER FOR PAYMENT OR REIMBURSEMENT

For treasurer's use only:
 Total paid: _____ Check no.: _____ Date paid: _____