



REQUEST FOR OFFICERS REIMBURSEMENT

Name: _____

Committee: _____

Address: _____

Chairman: _____

Phone#: _____

Date Submitted: _____

Period Covered: _____

Email: _____

Budget Line Item To Be Charged: _____

Description (ATTACH SUPPORTING BILLS WHENEVER POSSIBLE)

ITEM	PURPOSE	AMOUNT
PHONE/WIRE/POST		
HOTEL/MOTEL		
MEALS, SELF		
MEALS, OTHER		
ENTERTAINMENT		
TAXI/AUTO		
MILEAGE		
OTHER (EXPLAIN)		
OTHER (EXPLAIN)		
TOTAL REIMBURSEMENT		

SIGNED: _____

For Office Use:

Approved By:	Date Paid:	Check #:
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