

ARUNDEL CAMERA CLUB

Severna Park, Maryland 21146

EXPENSE REIMBURSEMENT REQUEST

PLEASE WRITE CLEARLY, AND ATTACH RECEIPTS TO THIS FORM. THEN SUBMIT TO THE SECRETARY-TREASURER.
EXPENSES WITHOUT THIS FORM WILL NOT BE CONSIDERED.

MEMBER NAME: _____ DATE: _____

ADDRESS: _____

Date	Payee	Purchase Notes	Receipt	Amount
TOTAL				

COMMENTS: _____

-----OFFICE USE ONLY-----

APPROVED: _____ DATE: _____

PAID:
CHECK #: _____ AMOUNT: _____ DATE: _____

COMMENTS: _____

POSTED
DATE: _____