

**Santa Cruz Mineral and Gem Society
Reimbursement request**

Your name: _____

Mailing address: _____

City, State, Zip: _____

Do you have receipts for all the expenses for which you are requesting reimbursement?
Yes_____ No_____

If you checked "NO", please have a member of the board of directors sign this form to verify your request (no relatives, please).

Board member please sign here _____ and initial the expense line(s)

Please attach receipts to the back of this form.

List expenses below

Example: 1. Spring show expenses, fliers copied, Kinkos \$10.25
 2. Meeting refreshments , Safeway \$17.89

<u>Description of purchase</u>	<u>Where purchased</u>	<u>\$\$\$\$\$</u>
--------------------------------	------------------------	-------------------

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Total Requested: _____

If this form is not complete, reimbursement will not be made.

For Treasurer's use only:
Check # _____ Date: _____ Check Amount\$ _____ Date Recorded in Journal _____
Are expenses for present accounting year? _____ If not, which year _____