REST Request for Reimbursement

For reimbursement: *Note that a board member's signature is required for reimbursement*

1. Complete this form, including board member signature
2. Attach all receipts
3. Submit a separate form for each payee
4. Place completed reimbursement form, with all backup, in the Udd family file

All reimbursement requests must be submitted by August 31st

If you have any questions, please call Catherine Udd at 937-6867

Date:_____ Submitted by:_____ Phone #:_____

Event/Budget Category	**Description of Expenses**	**Amount**
	Total	**$_____**

Approved:_____

Board Member's Signature

Make check payable to: _____

_____ Please mail. I have include a stamped, addressed envelope.

_____ Please place check in this location:_____

For Treasurer's Use Only:

Date pd:_____ Check # _____ Account: _____