Alpha Phi Omega

Lambda Mu

Reimbursement Form

|  |
| --- |
| **Requested Amount : $****Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **President** **Yes** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **No Treasurer** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_/\_\_\_\_/\_20\_\_\_\_

Event Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_20\_\_\_\_

Reason for Reimbursement (Check all that apply):

 ExComm Member

 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Active Member

 Pledge Activity

 Food

 Event Sites (i.e. reservations)

 Activity Items

 Chapter Items

 Admission Ticket

 Miscellaneous

 Other

 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Item Purchased or Receipt Totals** | **Cost Total** |  |
|  |  |  |
|  **: Receipt Present** | **Grand Total** |  **$** |  |
| **Approved Total** |  **$** |  |

|  |
| --- |
| **Treasurer Use Only** |

**Notes:**

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|  |

AΦΩ Check No. : # Check Written Date: \_\_\_\_/\_\_\_\_/\_20\_\_\_\_

Date of Reimbursement: \_\_\_/\_\_\_\_/\_20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Recipient Signature Treasurer