

State Officer Expenses Reimbursement Request Form

**Please forward to VP of Finance
within two weeks of purchase for reimbursement.**

Payable to: _____

Office: _____

Event item(s) purchased for: _____

Address for Recipient of Check:

Original receipts must be attached to receive payment.

Date Purchased	Item Purchased	Cost

Signature of Chapter Advisor: _____

Date Sent to VP of Finance: _____

VP OF FINANCE USE ONLY

Date Received: _____

Signature of VP of Finance: _____

Date Sent to State Office: _____

FOR STATE OFFICE USE ONLY

Date Received: _____

State Advisor Signature: _____

