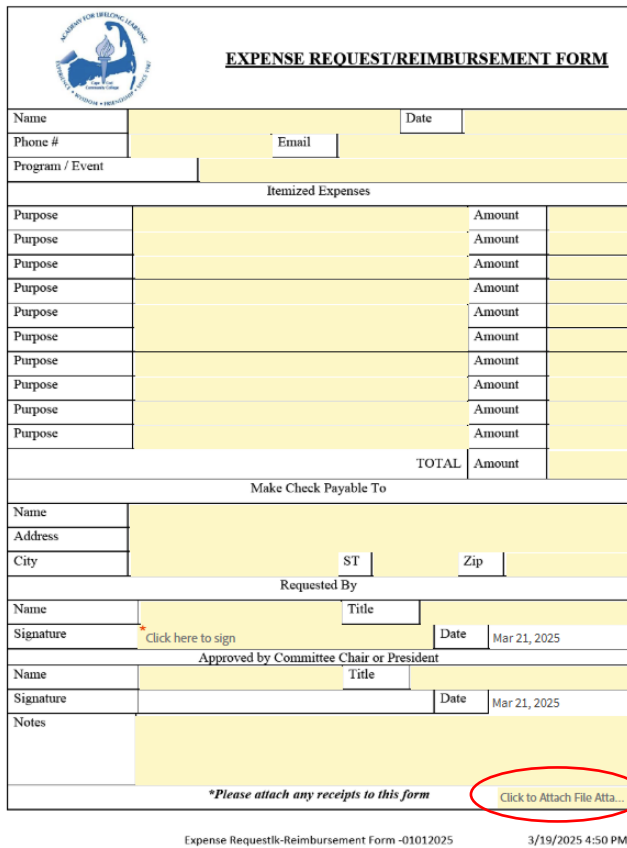


Guide To Completing Expense Request/Reimbursement Form



EXPENSE REQUEST/REIMBURSEMENT FORM

Name _____ Date _____

Phone # _____ Email _____

Program / Event _____

Itemized Expenses			
Purpose		Amount	
Purpose		Amount	
Purpose		Amount	
Purpose		Amount	
Purpose		Amount	
Purpose		Amount	
Purpose		Amount	
Purpose		Amount	
Purpose		Amount	
TOTAL		Amount	

Make Check Payable To _____

Name _____

Address _____

City _____ ST _____ Zip _____

Requested By

Name _____ Title _____

Signature _____ Date Mar 21, 2025

Approved by Committee Chair or President

Name _____ Title _____

Signature _____ Date Mar 21, 2025

Notes _____

**Please attach any receipts to this form*

[Click to Attach File](#)

Expense Request/Reimbursement Form - 01012025 3/19/2025 4:50 PM

Complete with your name and date
Add contact information
Identify program/event expense was for

Identify item reimbursement is being requested for
And amount. Need receipt for each item identified

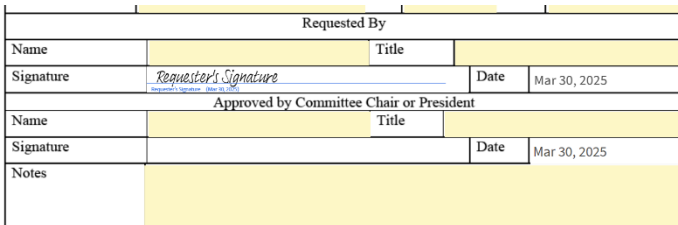
Total expense amount requested

Input name and mailing information for
Reimbursement check

Input the name of the person requesting
Reimbursement, your title, i.e. member, committee
Member, etc. **Signing, see below**

Attach digital copies of receipts supporting amount
Requested.

**DO NOT SIGN FORM UNTIL ALL INFORMATION
HAS BEEN INPUT AND RECEIPTS ATTACHED.**



Requested By

Name _____ Title _____

Signature *Requester's Signature* Date Mar 30, 2025

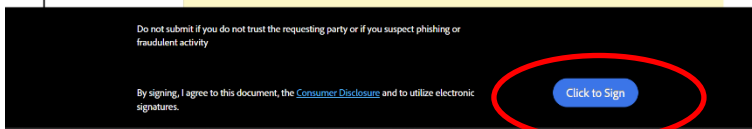
Approved by Committee Chair or President

Name _____ Title _____

Signature _____ Date Mar 30, 2025

Notes _____

After signing the form, you will be asked to "Click to Sign."

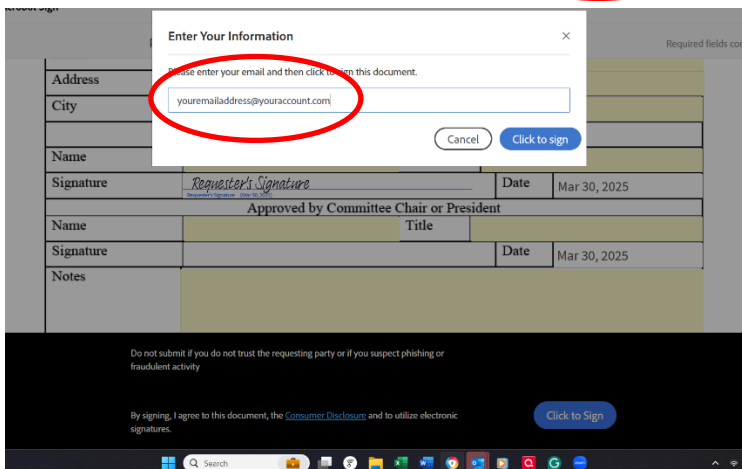


Do not submit if you do not trust the requesting party or if you suspect phishing or fraudulent activity

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

[Click to Sign](#)

An alert box will ask you to enter your email address to confirm you generated this form. Enter your email address and "Click to Sign" You will receive an email from Adobe Sign asking you to confirm your email address.



Enter Your Information

Please enter your email and then click to sign this document.

[Cancel](#) [Click to sign](#)

Signature *Requester's Signature* Date Mar 30, 2025

Approved by Committee Chair or President

Name _____ Title _____

Signature _____ Date Mar 30, 2025

Notes _____

Do not submit if you do not trust the requesting party or if you suspect phishing or fraudulent activity

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

[Click to Sign](#)

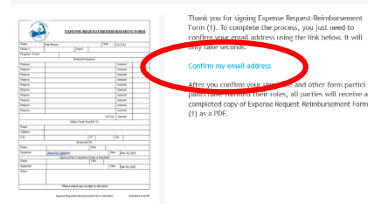
Please confirm your signature on **Expense Request-Reimbursement Form (1)**

To: Requester's Signature

[Reply](#) [Reply All](#) [Forward](#)

Sun 3/30/2025 2:40

Adobe Acrobat Sign



Thank you for signing Expense Request-Reimbursement Form (1). To complete the process, you just need to confirm your email address using the link below. It will only take a minute.

[Confirm my email address](#)

After you confirm your email address and other form participants complete their roles, all parties will receive a completed copy of Expense Request-Reimbursement Form (1) as a PDF.

To ensure that you continue receiving our emails, please add adobe@adobe.com to your address book or safe list.