

EXPENSE REIMBURSEMENT FORM

Date: _____

Name: _____ Phone #: _____

Committee/Position: _____

Description of purchase(s) to be reimbursed: (Attach receipts for each purchase.)

| Date | Provider | Description/Reason for Purchase | Amount (ATTACH RECEIPT) |
|--|----------|---------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT: | | | \$ |

Other comments:

Submit to the Board for approval at LPGPOAinfo@gmail.com.

Board members must have another Board member approve their reimbursement request. The approving Board member should forward the reimbursement request along with receipts to the Finance Manager.

OFFICE USE ONLY:

BOARD MEMBER APPROVED BY: _____

PAID: YES NO

PMT DATE _____ CHECK # _____ OR ONLINE PAY # _____ INITIALS _____

PAYEE _____ AMOUNT PAID \$ _____