

Reimbursement Form

1. Requestor: _____ Date: _____
(Please Print)

2. Check Category: Club Supply Monthly Dance Fly In Workshop
 Other: _____

3. Please List the following for each purchase (receipt):

Date	Where Purchased	Description	Sub Total	Tax	Total
Total Each Column:					
			Total Requested		

- 4. Attach all receipts to back of form
- 5. Turn form into CCCD Treasurer for reimbursement

Signature: _____

Treasurer Use:

- 1. Status: Approved Disapproved Returned to Requestor (additional information)
- 2. Remit Details

Amount	Check Number	Date Paid

Signature: _____ Date: _____
(Treasurer)