

Cadence Club
Expense Reimbursement/Check Request Form

Request Information

Date of Request:

Amount Requested

Requested by:

Phone Number:

Parent Reimbursement: VP/Committee
Chair authorization of this expense:

Director Reimbursement: President/VP
authorization of this expense:

(See Note #2 under instructions below)

Make Check Payable To:

Address:

Detailed description of expense or check request:

Signature:

For Treasurer's Use Only

Check Number:

Date of Check:

Account Charged:

Treasurer's Authorization:

Treasurer's Notes:

Instructions

1. Please attach original, supporting invoices/receipts to this form. No reimbursement will be issued without proper documentation.
2. For parent reimbursement, VP or Committee Chair's signature is required for all expense reimbursements and check requests.
3. Complete one form for each separate check required.
4. Please put completed forms in the Treasurer's box in the Director's office.
5. Reimbursements and check requests are processed approximately each Friday.