

**REIMBURSEMENT REQUEST**

Date:

Expense Category

Check one category: General Account Home Tour Account Attach all receipts. List each expenditure separately. Thank you.

Reason for Expenditure Amount

|  |  |
| --- | --- |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |
| 6. | $ |
| 7. | $ |
| Total requested | $ |

Print Name: Signature:

Scan and attach all receipts, and email to: Finance Chair: [sbowman56@gmail.com](mailto:sbowman56@gmail.com) or print and mail to PO Box 611, Sutter Creek, CA 95685

Please contact Sandee Bowman with questions at (415) 420-5098 or [sbowman56@gmail.com.](mailto:sbowman56@gmail.com)

Do not write below line. It is for Finance use only

Date paid: Check Number: Amount: $ Finance Chair or designee: Finance Chair Signature:

Rev. 8-14-23