



Request for Reimbursement

All requests must have a original RECEIPT and/or bill attached.

Expenses must be turned in within 45 days of occurrence. When Reimbursement Forms are received that are incomplete, member will be notified once via email of information that is missing

Name: _____ Phone #: _____

Address: _____

City, State, Zip: _____ E-Mail _____

Total Amount:

For which project, event, committee, or office was this expense incurred?

Itemize Amounts: Description Amount

Itemize Amounts: Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

Requestor's Signature: _____ Date: _____

Chair Approval: _____ Date: _____

Signature of chair (OR email confirming request) must accompany form. If chair is requesting reimbursement, signature of co-chair or another board member (OR email confirming request) must accompany form

Completed reimbursement forms will be processed with 7 days of receipt Reimbursement Forms will not be processed during a FASA monthly meeting. This is to ensure correct processing of funds

For Treasurer's Use

Date Paid: _____ Check Number: _____ Account: _____ Signature _____

For checks within the scope of approved budget which is above \$200.00 , the additional signature of Board President (OR email confirming request) is required for check to be processed