

Ronald Reagan Home & School Association Inc. Expense Reimbursement Requests



Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Event Name: _____ Event Date: _____

Please attach all receipts or invoices. *Requests without the receipts or invoices may not be paid.* Reimbursements will be sent within 10 days.

Itemized Description (including date):	Amount:
Total Expenses:	

I understand, and agree, that by signing and making this request, I am attesting that the funds requested by me, are costs I directly incurred on behalf of Ronald Reagan Home & School Association Inc.

Signature: _____

If the request is being submitted by the RRHSA President or Treasurer, please provide additional approval prior to submission.

Vice-President Secretary

For Treasurer's Use Only

Pay Date: _____ Check #: _____

Account Debited: _____

Notes: _____

Treasurer Signature: _____

Reconciled: Yes No Reconciled Date: _____