



## Expense Reimbursement Request

Member Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

Vendor	Item(s)	Date of event (if applicable)	Event or expense type (i.e. clubhouse supplies)	Amount

***I have incurred legitimate expense for the club that should be reimbursed by the club. I have attached or enclosed the receipts and listed them above. I understand I should retain copies for my records. Please reimburse me via check to the address listed above and contact me as necessary.***

Member Signature \_\_\_\_\_ Date \_\_\_\_\_