



Expense Reimbursement Form

To request a reimbursement check, please complete this form and submit to CHARITYSMITH. Please include an accurate description (i.e. room rental for April fundraiser) and a receipt for each expense.

Date: _____

Memorial Fund Name: _____

Expenses to be Reimbursed: Please attach a photocopy of the receipt for each expense.

	Date	Vendor	Purpose	Amount
1				
2				
3				
4				
5				
6				
7				

Check Payable To: _____

Address: _____

Memorial Fund Administrator Approval

Signature

Date

Printed Name