** PAYMENT REIMBURSEMENT REQUISTION FORM**

 **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME:**   **CHECK AMOUNT $**

**ADDRESS:**   **REQUESTED BY:**

  **COMMITTEE CHAIR SIGNATURE:**

|  |  |
| --- | --- |
| **CLUB EXPENSES** | **FOUNDATION EXPENSES** |
| **CLUB SERVICE** **INTERNATIONAL** **SPONSORSHIPS**  | **NEW GENERATIONS** **COMMUNITY** **VOCATIONAL SERVICE**   | **GALA FUNDRAISING** **FOCUSED FUNDRAISING**  **TREASURER USE ONLY**CHECK # \_\_\_\_\_\_\_ \_ DATE \_\_\_\_\_\_\_ \_  |