** 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 \_\_\_\_\_\_\_ \_ |