



District 7305 Reimbursement Request

From \_\_\_\_\_ Date \_\_\_\_\_
Club \_\_\_\_\_ Phone \_\_\_\_\_

Committee/Authorizing Officer \_\_\_\_\_

Description / Comments / Cost

Total \$ \_\_\_\_\_

Check payable to \_\_\_\_\_

Documentation for Reimbursement Payment:

\_\_\_\_\_ Invoice attached \_\_\_\_\_ Receipts attached

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

Send request to: Heather Dieckmann, District Treasurer
130 South 11th Street
Pittsburgh, PA 15203
Cell: 412-310-1308
hddieckmann@gmail.com

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To be completed by District Treasurer

Date received \_\_\_\_\_ Date entered \_\_\_\_\_
Date check issued \_\_\_\_\_ Check number \_\_\_\_\_

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