

FAMILY ASSOCIATION REIMBURSEMENT FORM

Contact: Valerie Deitch, Treasurer
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520-403-1379

Steps for Submission:

1. Fill out this form (please print legibly)
2. Attach corresponding receipts
3. Put in FA mailbox (in the US main office behind reception area) for approval
4. Upon approval, your check will be mailed to the address specified on this form
5. Form must be received by the Business Office on Wednesday to be paid on Friday

Adherence to budget limits is required. Know how much you have to spend before commencing with expenditures. Any reimbursement higher than budgeted amount will not be approved without prior consent of the Family Association Executive Committee.

Date Submitted: _____

Make check payable to: _____

Mailing Address: _____

City, State, Zip _____

Email Address: _____

Phone #: _____

Person making the Request: _____

Committee: _____

Event Date: _____

Expenses Itemized (use back if needed):

Total amount of check: \$ _____

Treasurer Approval _____ President Approval _____

FA use only (do not fill in) Account Code: _____