

**NEWCOMBERS CLUB OF HONOLULU
REIMBURSEMENT REQUEST**

5/18/10 REV

DATE OF REQUEST

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EXPENSE CATEGORY

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DESCRIPTION/PURPOSE:

(see below for more detail)

COMMITTEE CHAIR:

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(signature)

REIMBURSEMENT

PAYABLE TO: (your name)

MAILING ADDRESS

(ATTACH RECEIPTS)

ITEMIZED EXPENSES:

DESCRIBE ITEMIZED EXPENSE	AMOUNT
	\$
	\$
	\$
	\$
	\$

TOTAL AMOUNT PAYABLE

\$

<p>TREASURER'S USE</p>

<p>CHECK NUMBER</p>
<p>DATE PAID</p>
<p>AMOUNT PAID \$</p>