

Sun Lakes Rock Gem and Silver Club
Reimbursement Request

Please Print / Attach Receipt

Date: _____

Payable to: _____

Mail to: _____

Items Purchased	for Craft/Department	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

Craft Chair Signature (required) _____

President Signature (if required) _____

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For Treasurer's Use

Date Paid: _____ Check Number: _____

Account(s) Expensed: _____

If a Board Approved expense:

Date Approved: _____ Amount Approved: _____

Spent to Date: _____ Balance Remaining: _____