

Reimbursement Form

Use this form to report receipts for organizational expenses. You have an option to request a reimbursement if you used your own credit/debit card or used cash from your own packet. Expenses must be authorized by a supervisor beforehand.

Your Name: _____

Your Phone Number: _____

Your Email Address: _____

Your Status: Volunteer Employee

Receipt Date: _____

Receipt Total Amount: _____

Please attach a copy of the receipt.

Description For the Expense:

(Tell us about the reason for this expense. What event or program was the reason for this expense and what type of items or services were purchased.)

Your Supervisor Name: _____

Zelle ID: _____

Signature: _____

Date: _____