Chi Am Circle Club
REIMBURSEMENT REQUEST
(After completion, please send or give it to Committee Chair or Treasurer)

Date: ________________
Total Amount: __________

List expenses and cost:
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Make Check Payable To:
____________________________________________________

Address to Mail Check To: ______________________________________

Signature:
____________________________________________________

Phone Number: ___________________ Email: _______________________

PLEASE ATTACH ALL RECEIPTS WITH STAPLE
DO NOT WRITE BELOW THIS LINE. FOR TREASURER’S USE ONLY.

Check #________ Date Paid:_________ Receipts: Y N
Budget Category: Board Approved or Ratified: Date of Meeting:
Disposition of Check: Mailed:____ Picked Up:____
Called:____ Other:_____________

Procedures to submit for reimbursement:

(1) Use this form for all reimbursement requests. The form can be obtained from the corresponding Committee Chair of the event or downloaded at www.chi-am.org and click on Contact Us to find the link.

(2) Complete and sign the form legibly.

(3) Attach the form with receipts and send or give them to the Committee Chair, if applicable. Otherwise, send them to the Treasurer. Check the Chi Am directory for the current Officers of the Board.

(4) Each Committee Chair collects and submits all requests at one time to the current Treasurer.