VCCCDRA
Expense Reimbursement Request

Please provide ORIGINAL receipts.

NAME AND ADDRESS _____

_____

_____

DESCRIPTION OF EXPENSES

- ☐ MEMBERSHIP DIRECTORY
- ☐ GENERAL OPERATIONS
- ☐ THE MONITOR
- ☐ ANNUAL MEETING
- ☐ EVENT_____
- ☐ OTHER _____

CATEGORY OF EXPENSES

- ☐ TONER
- ☐ LABEL
- ☐ PRINTING/COPYING
- ☐ NETFIRM (WEBHOST)
- ☐ OTHER _____
- ☐ PAPER
- ☐ POSTAGE
- ☐ OFFICE SUPPLIES
- ☐ FACILITIES/CATERING
- ☐ OTHER _____

COMMENTS _____

_____

_____

TOTAL AMOUNT REQUESTED $_____

*Signature*_____ *Date*_____

TREASURER USE ONLY:

CHECK NUMBER _____ *DATE ISSUED*_____

SIGNATORS _____ _____

SIGNATURE OF TREASURER _____