



REIMBURSEMENT REQUEST

DATE OF REQUEST:
ADDRESS / ZIP:

NAME:

TOTAL AMOUNT:

PURPOSE:

SUBMIT TO THE TREASURER

Nichole Smith
1313 Lake Ridge
Marietta, GA 30068
404-210-2918

nicholecsmith@gmail.com

Note: Please attach all receipt(s) to this form. Approval MUST be obtained if this amount is over budget for your event/program/committee. Failure to obtain approval may result in purchaser having to incur the expenses.

FOR OFFICE USE:

Date Paid

Check