Alpha Phi Omega

Lambda Mu

Reimbursement Form

|  |
| --- |
| **Requested Amount : $**  **Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **President**  **Yes**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **No Treasurer** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_/\_\_\_\_/\_20\_\_\_\_

Event Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_20\_\_\_\_

Reason for Reimbursement (Check all that apply):

ExComm Member

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Active Member

Pledge Activity

Food

Event Sites (i.e. reservations)

Activity Items

Chapter Items

Admission Ticket

Miscellaneous

Other

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Purchased or Receipt Totals** | | **Cost Total** |  |
|  | |  |  |
| **: Receipt Present** | **Grand Total** | **$** |  |
| **Approved Total** | **$** |  |

|  |
| --- |
| **Treasurer Use Only** |

**Notes:**

|  |
| --- |
|  |

AΦΩ Check No. : # Check Written Date: \_\_\_\_/\_\_\_\_/\_20\_\_\_\_

Date of Reimbursement: \_\_\_/\_\_\_\_/\_20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Signature Treasurer