

Black Heritage Association of Palos Verdes

Reimbursement Request Form

Please complete all applicable areas below, including Committee Chair approval (if applicable) and submit to the TREASURER.

Date: _____

Submitted By: _____

Check Issued To: _____
(If different than above)

Mail To Address: _____

Dollar Amount: \$ _____

Committee / Budget Line Item Charged To: _____

Is this a budgeted item? Yes No

Brief Description:

Signature of Person Submitting: _____

Approval of Committee Chair: _____

Approval by the President: _____

ATTACH ALL RECEIPTS!

Reimbursed on: _____
(Date)

Check No: _____

Signed by: _____
(Treasurer)