



# REQUEST for REIMBURSEMENT

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

Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position in LMB \_\_\_\_\_

Expenditure was for: \_\_\_\_\_

List of Expenditures:	Dollar Amount	Receipt Attached
1 _____	_____	Y / N
2 _____	_____	Y / N
3 _____	_____	Y / N
4 _____	_____	Y / N
5 _____	_____	Y / N
6 _____	_____	Y / N
7 _____	_____	Y / N
8 _____	_____	Y / N

TOTAL EXPENSE: \_\_\_\_\_

Reimbursement Claimed: \_\_\_\_\_

Not Claimed (donate to LMB): \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

President's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

## LMB TREASURER USE ONLY

Membership-Approved Activity

Funds Released by Membership

Executive Board-Approved Expenditure

Treasurer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check #: \_\_\_\_\_ In the Amount of: \_\_\_\_\_ To: \_\_\_\_\_