

Expense Reimbursement Form

- Fill out the form **completely**
- **Attach all supporting receipt(s) and/or invoice(s)**

Make check payable to: _____ - ____
_____ Mail to address below _____ Place in my staff mailbox

Mailing Address: _____
City, State, Zip: _____
Committee/Event/Department: _____

Submitted by: _____ Date: _____
Email: _____ Phone: _____

Details/Description:

****Please Attach All Receipts****

Total Amount Requested: \$ _____

For PFSO use:

Board Member Authorized Signature: _____ Date: _____
Amount Reimbursed: \$ _____ Check date: _____ Check # _____