

CLUB PAYMENT FORM (Check one and remit supporting documents)

Fill out and e-mail to President Jeri Carmicheal with supporting receipts: jericarmicheal@gmail.com

Invoice to be paid to Vendor ____Reimbursement to Remitter

Date*	Expens	e Description		Amount**	Committ Budget Co		Club Budget Code (President use only)
TOTAL:							
Submit reimburse	ement request within 3	0 days after incurr	ng expense. **R	eceipt required	I for any sin	gle expe	ense over \$20.0
Requestor:		Signature:				Date:	
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