



CLACKAMAS SUNRISERS KIWANIS CLUB REIMBURSEMENT REQUEST

Please print

Name _____ Date _____

I am requesting reimbursement for the following project--receipts are attached:

Date	Event/Activity	Item	\$ Amount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

TOTAL \$ _____

Approved by	Date	Check#	Amount
_____	_____	_____	_____



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