



**MOMS Club®
of Richardson-East
Reimbursement Request**

Print out, complete information and mail to club Treasurer

Name: _____

Address: _____

Telephone: _____

ATTACH RECEIPTS WITH EXPLANATIONS

Include:

- Reason for expenses (office expense, newsletter, Fall Party, etc.)
- What expense was for (stamps, printing, etc.)
- Date, Store Name
- Amount to be reimbursed

If you do not have receipts, attach a sheet with the above information for each expenditure.

Amount to be reimbursed as per receipts	\$
Amount to be reimbursed, no receipts	+ \$
TOTAL AMOUNT OF EXPENDITURES	_____ \$
SUBTRACT ANY ADVANCE RECEIVED	- \$
TOTAL AMOUNT TO BE REIMBURSED	_____ \$

<p><i>Treasurer's Use Only</i></p> <p>Approved Date _____</p> <p>Check # _____</p> <p>Date Paid _____</p>

Signature _____

Date _____