



## REQUEST FOR REIMBURSEMENT/PAYMENT AUTHORIZATION

Attach all receipts to this reimbursement form, thank you

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

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

<b>List Expenditures:</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	<b>TOTAL EXPENSE</b>	<b>\$ _____</b>

Debit Card Expenditure

**TREASURER USE:**

Reimbursed to member Date \_\_\_\_\_

Budget Category	Amount	Check Number	Recorded Date

P.O. Box 405  
Sedona, AZ 86336