



Riverside Flying R Club

REIMBURSEMENT FORM

Requested by: _____ Date: _____

Phone: _____ Amount Requested: _____

____ Requesting reimbursement to be paid at a monthly meeting

____ Request reimbursement to be mailed to me

____ Mail to:

Event Name (if applicable): _____

Please itemize expenses below:

Purpose/Item of Expense	Item Cost	Sales Tax	Total

***Receipts must accompany request in order for reimbursement to be processed.
Please submit this form to Flying R Club Treasurer for approval.***

Authorized by Club President: _____ Date: _____

Authorized by Club Treasurer: _____ Date: _____

Office Use Only

Check Number: _____ Date Paid: _____