

Voucher No. \_\_\_\_\_

CHESAPEAKE BAY DECORATIVE PAINTERS Inc.

Request for Reimbursement

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

If more than one purpose is listed, indicate purpose for each item.

Receipts must be attached for all reimbursement requests (please include a note for any discrepancies (e.g. Receipt shows 4 items purchased but only 3 for club so only claiming 3)

Itemize:	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
Total	_____

-----  
FOR TREASURER'S USE

Notes: \_\_\_\_\_  
\_\_\_\_\_

Summary:

Membership _____	Charge for Meeting Place _____
National Teacher Seminar _____	Birthday Luncheon _____
Club Paint in _____	Ways and Means _____
Sail Away _____	Donations _____
Newsletter _____	Miscellaneous _____

Date: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount of Check \_\_\_\_\_

Approved By

Treasurer: \_\_\_\_\_ President \_\_\_\_\_

Date \_\_\_\_\_