



## Expense Reimbursement Request

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

issue a check payable to:

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

Amount: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipts attached: (list each vendor and amount)

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Authorized Signature (Board Members or Auxiliary Chairs Only):

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For RRNN Treasurer's Use Only:

Check # Issued: \_\_\_\_\_

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

Budget Category: \_\_\_\_\_