

## Expense Reimbursement Application

Name of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Address (send payment to): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Reimbursement is requested for items as follows (attach original receipts for each item):

Item: \_\_\_\_\_ Expense: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Expense: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Expense: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Expense: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Expense: \$ \_\_\_\_\_

**TOTAL:** \$

1. Check all relevant expense categories.
2. If items belong in more than 1 category, note dollar value for each category in space provided.
3. Totals should equal expense TOTAL listed above.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Auction Gala _____        | <input type="checkbox"/> Library Purchase _____ | <input type="checkbox"/> Postage _____              |
| <input type="checkbox"/> Buddy Walk _____          | <input type="checkbox"/> Meeting Expense _____  | <input type="checkbox"/> Social Group (B-6) _____   |
| <input type="checkbox"/> Charitable Gift _____     | <input type="checkbox"/> Office Supplies _____  | <input type="checkbox"/> Social Group (7-12) _____  |
| <input type="checkbox"/> DADS _____                | <input type="checkbox"/> Seabreeze Picnic _____ | <input type="checkbox"/> Social Group (13-18) _____ |
| <input type="checkbox"/> Day Long Conference _____ | <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Social Group (19+) _____   |
| <input type="checkbox"/> Holiday Party _____       | _____   |   |

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

***Original receipts are required prior to disbursement of funds. Keep a copy of your receipts and this submission for your own records. Submit complete (signed) application, with original receipts, to:***

***FCDSN Reimbursement Programs, 2117 Buffalo Road #132, Rochester, NY, 14624***

***Do Not Write In Box Below***

Reply Mailed On: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Notes: