



MOMS Club

Reimbursement Request

NAME: _____

ADDRESS: _____

TELEPHONE: _____

ATTACH RECEIPTS: List explanation for each receipt below:

Reasons for expense include: Membership, Publicity, Service, Office Expense, Newsletter, etc.

| Reason for Expense | Items/Service Purchased | Date | Store Name | Amount (\$) |
|--------------------|-------------------------|------|------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Need more room? Use the back of this sheet to list info for each receipt.

Total Amount to be reimbursed as per receipts: \$ _____

NO RECEIPTS? List the information for each expenditure below:

| Reason for Expense | Items/Service purchased | Date | Store Name | Amount (\$) |
|--------------------|-------------------------|------|------------|-------------|
| | | | | |
| | | | | |

Need more room? Use the back of this sheet to list info for each receipt.

Total Amount to be reimbursed, no receipts: + \$ _____

TOTAL AMOUNT OF EXPENDITURES

(Receipt amount plus non receipt amount): \$ _____

SUBTRACT ANY ADVANCE RECEIVED FOR THESE EXPENDITURES:

- \$ _____

TOTAL AMOUNT TO BE REIMBURSED:

\$ _____

TREASURER'S USE ONLY:
 APPROVED DATE: _____

 CHECK#: _____

 DATE PAID: _____

SIGNATURE: _____

DATE: _____