

# Hilliard Davidson Home Run Club Reimbursement Request



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

Amount for Reimbursement: \$ \_\_\_\_\_  
(from table below)

Requested by: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Committee/Program: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Payee: \_\_\_\_\_  
(as it should appear on check)

\_\_\_\_ Please mail directly to Payee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantity	Description	Amount
<b>Total</b>		

Note: Attach original documentation such as invoice and/or receipt.

Signature of program chair: \_\_\_\_\_

For accounting use only:	
Date of check: _____	Check #: _____