



REIMBURSEMENT REQUEST

The purpose of this form is to request reimbursement from the Correia Association for approved allocations. It is important to know your committee's approved budget for the current year. You must stay WITHIN the approved line item. Requests for additional funds must be made at an Association meeting and approved prior to request or disbursement. Please allow up to 2 weeks for processing.

▶ IDENTIFY COMMITTEE/ EVENT:
(per current budget)

_____ committee

_____ event

▶ CONTACT

_____ Person Submitting Request

_____ Date Submitted

_____ Committee Chair's Name

- This expense has been approved by the Association.
- This expense is within budget.
- All receipts and/or invoices are attached (required).

▶ DESCRIPTION (from receipts/invoices)

▶ AMOUNT: Current Budget: \$ _____ Total for this request: \$ _____
May take up to two weeks for processing. If payment is needed by a certain date, please indicate: _____

▶ MAKE CHECK PAYABLE TO _____
MAILING ADDRESS (If appropriate OR instructions for payment delivery).

▶ SIGNATURE

_____ Signature

_____ Date

FOR ASSOCIATION USE ONLY:

Signature & Date received/reviewed by President: _____

Signature & Date received/reviewed by Treasurer: _____

amount: _____ check #: _____