

TRIAD WOODCARVERS CLUB

REIMBURSEMENT FORM

Complete this form, attach receipts,
and submit to the TREASURER

NOTE: Please print all information clearly

NAME: _____
(First) (Middle Initial) (Last)

ADDRESS: _____
(Street) (City)

PHONE: () - _____
(Area Code) (xxx) (xxxx) (State) (Zip Code)

EMAIL: _____
(print clearly please !)

<u>DESCRIPTION OF ITEM(S) PURCHASED</u>	<u>AMOUNT PAID</u>	<u>CHARGE TO ACCOUNT #</u>
● _____	\$ _____	_____
● _____	\$ _____	_____
● _____	\$ _____	_____
● _____	\$ _____	_____
● _____	\$ _____	_____
● _____	\$ _____	_____
	TOTAL =	
	\$ <input type="text"/>	

SIGNED: _____ **DATE:** _____
(Your Name)

(For use by Club)

Date Received by Treasurer: _____ Date Paid by Treasurer: _____

Ck # _____