EXPENSE REIMBURSEMENT FORM

RERS Member Name: _____ Member Address: _____

Date of Expense: _____ Phone Number: _____

Payment Details	Budgeted	Event or Project	Honorarium	Other	Amount

Committee Approval _____ Treasury Approval _____

Date of Approval _____ Check Number _____

Print and complete form. Attached original receipts with form. Committee Approval required before form can be routed for Treasury approval.