



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 _____

Original receipts must be included with form. Committee Approval required before form can be routed for Treasury approval.