



Request for Reimbursement

Description of Expense		
Type of Expense	Budget Category <i>(see legend below)</i>	Amount
<input type="checkbox"/> Food & Beverage		
<input type="checkbox"/> Supplies & Postage		
<input type="checkbox"/> Copying & Printing		
<input type="checkbox"/> Marketing & Advertising		
<input type="checkbox"/> Door prize		
<input type="checkbox"/> GO Month		
<input type="checkbox"/>		
<input type="checkbox"/>		
		Total =

BOD = Board of Directors
MEM = Membership
BP = Business Partners
PRG = Programs & Professional Development

EVT = Events
MKT = Marketing
TCH = Technology
TRS = Treasurer

Is this item in the budget? Yes No

Date submitted	
Name	
Signature	
Make check payable to:	
Send check to (address):	

To be completed by Treasurer:	
Amount paid	
Approved by:	
Second approval	
Date paid	
Check number	

Complete this form, save and send with scanned receipts to chapter treasurer at treasurer@dcorganizers.org. All receipts must be included before reimbursement is made.