

Reimbursement Request

Archers Council / Archers Support Committee

Your Name:

Phone:

Project/Category:

Date Submitted:

/ /

Date Mailed:

/ /

Reason for Reimbursement:

_____ Included in Annual Budget OR _____ Approved at Meeting Date: __/__/__

Check Payable To:

Amount:

\$

Full Address: (Your check will be mailed to you.)

**** Receipts totaling the amount of reimbursement must be attached.****

Approved by Officer:

Date:

/ /

Approved by Officer:

Date:

/ /

Treasurer's Use: G/L Code: _____ CK# _____ Date _____ Posted _____