SUNOL GLEN COMMUNITY CLUB
Reimbursement Request Form

Date: _____

Please provide the following information:

Amount ($) of Reimbursement:	
Check Payable to (print name):	
Budgeted Line Item/Event to Charge: (e.g. ice cream, book fair, hospitality)	
Person Requesting Reimbursement: (print name, phone number & e-mail)	
Description of items purchased:	

Instructions for reimbursement:

1. Please attach **ORIGINAL RECEIPTS** to this or another sheet of paper (8.5" x 11"). Underline or circle the items to be reimbursed. Make **YOUR** copies of the receipts and this form prior to submission. Receipts will NOT be returned.
2. Please **STAPLE** the sheet of paper with receipts to this Request Form **on this form's right edge** (*do not use paperclips – the receipts will get lost*).
3. Return completed Request Form and receipts to the **COMMUNITY CLUB MAIL BOX** or mail to Natalie Campbell at 2940 Benjamin Green Fremont, CA 94538**.** Checks are usually disbursed at/by the next monthly meeting.
4. Contact nataliehcampbell@yahoo.com or 510-909-7092, if you have any questions.

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