



THE GREATER EVANSVILLE USBC ASSOCIATION, INC.

# REIMBURSEMENT REQUEST

Note: Reimbursements must be accompanied with a receipt(s).

DATE \_\_\_\_\_ Reimbursement Amount \_\_\_\_\_

Requested by \_\_\_\_\_

Description of expense \_\_\_\_\_

Car mileage-purpose of trip \_\_\_\_\_

Lodging-purpose of stay \_\_\_\_\_

Amount approved \_\_\_\_\_

President Approval \_\_\_\_\_

Association Manager \_\_\_\_\_

Notes: