SCSH Lady Putters Reimbursement Request

Calendar Year _____

Date:

Requester: Requestor phone

Date	Event and Service or Item	Cost	Verified
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
	Total	$	

Please attach <u>original</u> receipts only. Copies of receipts will NOT be accepted. If no receipt is available, please explain.

Please fill in the Reimbursement Request form together with the supporting receipts and submit them to Assistant Treasurer-Events by dropping them in the Lady Putters mail box in the Montecito Clubhouse. Form will be reviewed for approval and submitted to Treasurer, for reimbursement checks to be issued to the requester. Reimbursement request must be submitted within <u>10 days</u> from date expense was incurred.