

CLGA REQUEST FOR EXPENSE REIMBURSEMENT

(Print, Fill Out, Attach Receipts, Place in Treasurer's Box)

DATE:

WHAT IS THE EXPENSE FOR:

TOTAL AMOUNT:

PAYABLE TO (PERSON SUBMITTING REQUEST):

PREFERRED FORM OF PAYMENT:

CHECK

ZELLE

ZELLE REGISTRATION:

NAME _____

PHONE OR EMAIL _____

REQUESTING MEMBER'S PHONE NUMBER:

Please do not write below this line-For Treasurer's use only

EXPENSE CATEGORY:

DATE PAID:

CHECK #: