

# Tri-City Coin Club Reimbursement Request Form

Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Justification for purchasing and reimbursement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Reimbursement Amount: \$ \_\_\_\_\_

Item #	List of items purchases	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

\*Write and attach additional sheets if more space is needed

Signed: \_\_\_\_\_

\*\*\* Please attach all receipts to this form \*\*\*

Approved/Disapproved: \_\_\_\_\_ (President)

Approved/Disapproved: \_\_\_\_\_ (Vice-President)

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Do not write below this line – For Club Treasurer

Check #: \_\_\_\_\_

Date: \_\_\_\_\_