

San Luis Pass Resort Community Civic Association

REIMBURSEMENT REQUEST FORM

Expense Reimbursements requested must be supported by receipts and must specify the activity or function for which the expense was incurred. Please complete the below, attach receipts and return this form by mail to _____ or scan and email to _____.

Name _____ Phone (____) _____

Mailing Address _____

City/State/Zip _____

Request : Select from activity below or write in nature of request : Date Submitted _____

Beautification	Picnic	Maintenance	Postage	Website	Office
Fishing Tournament	Special Project: Details Required				

Receipts Attached

Name	Date	Amount

Total Request ----- \$ _____

Signature of claimant: _____

By signing the above, I affirm that the request for reimbursement above is for activities and business relating to the operations of Treasure Island Civic Association.

For requests exceeding \$ 2,500.00, reimbursement must be approved by the board and two board signatures are required below.

Board Signature: _____ Date: _____

Board Signature: _____ Date: _____