

The Oakwood Club, Inc. Request for Reimbursement

Date Submitted for Committee Approval: _____

CK # _____ for use by treasury

Requesting members:

Name: _____ Signature: _____

Address to mail Reimbursement to: _____

Payment of this request will be made after Approval and the Treasury have confirmed all totals and receipts

Please attach original receipts for all items purchased for oakwood. If personal items were also purchased on the same receipt, circle only the items purchased for Oakwood and recalculate sales tax.

Item	Account Charged to	Amount	Date	Description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

\$

By approving this request the Approver is confirming that this reimbursement is accurate, correct and that all items are for budgeted and Board approved items prior to making this request. A reimbursement cannot be approved by the same member making the request or if the requesting member and approver are a couple.

Approved by - Name: _____ Signature: _____

Committee or Officer: _____ Date: ___/___/___

Date Approver submitted form to Oakwood Treasury: _____

Oakwood Accounting use only

Date Received by Treasurer: ___/___/___

See Note below

Date paid: ___/___/___

Paid by: _____ Amount: _____

Note: Request for reimbursement must be received within 30 days of expenditure