



# Gamma Chapter Expense / Reimbursement Form

- Expense Reimbursement (Receipt/Invoice Attached)
- Chapter Expense (Receipt/Invoice Attached)
- I do not wish to be reimbursed

Date of Request: \_\_\_\_\_

Member making request: \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_

Against what budget Item: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Send/give to: **Finance Committee Chair**  
**Judy Valentine**  
**69 Iron Court**  
**Columbus, OH 43213**

Finance Committee Approval : \_\_\_\_\_

<i>Chapter Treasurer's Use:</i>		
Date: _____	Amount Paid: \$ _____	Check No. _____
Budget Item charged: _____		



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Budget Item charged: _____		