



## Reimbursement Request

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

Reimburse To: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

RECEIPTS ARE ATTACHED TO THIS FORM (REQUIRED)

DATE	PAID TO	PURPOSE OF EXPENDITURE	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**FOR USE BY IMPERIAL ART ALLIANCE TREASURER:**

DATE	CHECK NUMBER	TREASURER OR AUTHORIZED SIGNER	AMOUNT PAID
			\$

ALLOCATED TO BUDGET LINE ITEM: \_\_\_\_\_

NOTES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_