

B+B REQUEST FOR REIMBURSEMENT

**Attached receipts to completed form.
Place in red box or give to Laura Ramage, B+B Director and Treasurer.**

Item purchased (please detail):	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total reimbursement: \$ _____

Name of class: _____

Make check payable to: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

***RECEIPTS MUST ACCOMPANY REIMBURSEMENT REQUEST**

Please turn in form and receipts within 30 days.

FOR OFFICE USE ONLY: Date reimbursement made: _____

Check # _____