

SAN GABRIEL MOUNTAINS CHAPTER
California Native Plant Society

EXPENSE REIMBURSEMENT FORM

Required for reimbursement to a chapter member for chapter expenses incurred by them
Please submit completed form to the Treasurer

Name: _____

Address: _____

Project: _____

AMOUNT

ITEM(S) TO BE REIMBURSED & PURPOSE

\$ _____

TOTAL \$ _____

Attach original receipts for all expenses

This is routine expenditure: Yes No

If not routine expenditure, indicate type of board approval:

Board meeting Email Telephone Other (specify) Approval Date: _____

Notes: _____

Requester's signature: _____ Date: _____

Date Paid: _____

Check No.: _____