Reimbursement request

The Vera Standard

Organization _____ Date of request _____

Volunteer name _____ Phone or email _____

Event or budget line _____ Approved by (before buying), if any _____

WHAT WAS BOUGHT

Date	Description	Store or seller	Amount
Total requested			

VOLUNTEER CHECKS

- ☐ Original itemized receipts are attached (tape small ones to a sheet)
- ☐ The total above equals the receipts
- ☐ The spending was approved by the budget or the board

_____ _____

Volunteer: signature and date

Approver (not the volunteer): signature and date

_____

Printed name and position

FOR THE TREASURER

Paid by check / transfer no. _____ Date paid _____ Recorded under _____

The person being repaid cannot approve their own request. Pay by check or transfer, and file this form with the receipts.