



# Expense Reimbursement Request

GBAI Member \_\_\_\_\_

Notes

Purpose/Event \_\_\_\_\_

Please complete the first three columns below and attach receipts

Date	Amount	Description/Vendor	Treasurer Use Only						
			Land- scape	Maint.	Postage	Printing /Office	Social	Misc	Total
<b>Totals</b>									

Signed by: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date: \_\_\_\_\_