

Fiber Artists of San Antonio

Member EXPENSE REIMBURSEMENT Form

Requests for reimbursement must have the original receipts attached to this reimbursement request form.
Reimbursement requests must be submitted within 45 days from purchase.

Name of member to be reimbursed: _____

Phone number: _____ Email: _____

Pick up check at FASA meeting? Yes _____ No _____ If No, mailing address:

Please print: _____

Total amount of reimbursement: _____

Which BUDGET line item is this expense for? _____ Don't Know _____

Is this amount still available in your budget?
YES _____ No _____ Don't Know _____

	Description of Itemized Amounts	Amount
1		
2		
3		
4		
5		
Total amount:		

Member signature: _____ Date: _____

Chair/President approval: _____ Date: _____

Treasurer's Use Only

Date paid: _____ Amount: _____ Check number: _____

Treasurer's Initials: _____