



## Expense Reimbursement Form

Make check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Date	Vendor Name	Description	Budget Line Item/Acct #	Amount
Total Reimbursement				\$

**\*\* See current Budget for Line Item/Acct # to be charged. \*\***

**\*\* Attach original receipts for expenses \*\***

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Committee Chair **OR** Executive Board Member Title: \_\_\_\_\_

Approved by: (1) \_\_\_\_\_ Date: \_\_\_\_\_  
 President

(2) \_\_\_\_\_ Date: \_\_\_\_\_  
 1<sup>st</sup> Vice President **OR** Executive Board Member Title: \_\_\_\_\_

Received by Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

**Board approval required for expenses over budgeted amounts.** Date of NGKG Board Approval: \_\_\_\_\_