



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 Title: _____

Approved by: (1) _____ Date: _____
President **OR** 1st Vice President Title: _____

(2) _____ Date: _____
1st 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: _____