

# Davis Bike Club Reimbursement Form

Item	Date	Description of Expense	Amount	BUDGET CATEGORY *
1				
2				
3				
4				
<b>Total</b>				

**Requester:** *(Please print)* \_\_\_\_\_

*\* for director input only*

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Comments: \_\_\_\_\_

Requester signature: \_\_\_\_\_

*Instructions for requester*

- Provide description of all items for which you are claiming reimbursement.
- Include receipts for all items.
- Transmit completed form to director responsible for expense.
- If you are a director requesting reimbursement from your own budget, have another director sign.

## Director Authorization:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Director signature: \_\_\_\_\_

Director Phone: \_\_\_\_\_

Payment options:  Mail to address of requester  Leave check at B&L  Pickup check at next Club meeting

Comments to Treasurer: \_\_\_\_\_

*Instructions for director*

- Provide budget category in shaded area for all items listed above.
- Include method for sending payment. SASE will speed processing.
- Transmit completed form to treasurer for check processing.
- If you are a director requesting reimbursement from you own budget, have another director sign below.

## Accounting:

Received date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check number: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Processing:  Phase 1  Phase 2  Phase 3  Final filing