

# CHB Request for Expenditure

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number & E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_

Expenditure/Item(s) Purchased	Committee/Event	Cost
<b>Total Expenses</b>		

**Instructions**

1. Print your name, date, address, phone number, and e-mail address.
2. Write your signature.
3. Detail expenditure/item(s) purchased (include merchant/business name), for which committee and/or event, and cost of each item or group of items.
4. Total expenses.
5. Circle item(s) purchased on receipt.
6. Attach all receipts to back of form. You must have a receipt to receive reimbursement.
7. Deliver form to the CHB Treasurer.

**For CHB Use**

Reimbursement Check # : _____
Date: _____
Treasurer: _____
Board Rep: _____