

REIMBURSEMENT REQUEST FORM



Name: _____
 District and Title: _____
 Address: _____

TREASURER:
 Trevor Pullen
 1 Cherry St.
 Salem WV 26426-1062

(Attach all bills and receipts)

TYPE OF EXPENSE	AMOUNT		
Printing/Copying	\$		
Venue Rental	\$		
Judge's Fee (\$75/hr.)	\$		
Mileage (\$0.65/mi.)	\$		
Trophy / Medal	\$		
Refreshments / Hospitality	\$		
Other (please specify):	\$		
TOTAL	\$		

OFFICE USE: APPROVED FOR PAYMENT

\$ _____ Ck # _____ Date _____

SUBMITTED FOR PAYMENT BY:

DATE: _____