

HOCT

Request for Reimbursement or Payment

Heart of Carolina Tolars

Date: _____

(Please print your name, address, city, state, zip and phone #)

Pay To: _____

Address: _____

City, State & zip _____

Phone _____

Itemized Reimbursements (receipt must be attached and the items you need reimbursed for should be circled and totaled please). List your items below

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ **Total Expenses** \$ _____

Charge	Purpose of
Expense to: _____	Expense: _____

Your Signature: _____

Please have the Committee Chairman and Pres approve your request for payment.

Approval of Committee Chairman: _____

Approval of Chapter President: _____

Check or Tranx # Issued: _____ Chk amt: _____ Date: _____

Signature Treasurer: _____