

Name \_\_\_\_\_

Date Purchased \_\_\_\_\_

Date Submitted \_\_\_\_\_

Reason to be reimbursed (If an officer requested you to purchase something for them, please list that brother's name so that the funds can be taken out of his officer budget)

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Amount to be reimbursed \$ \_\_\_\_\_

\*NOTE\* Please attach any receipt(s) that include the purchase(s) you are being reimbursed for to the front of this document. **FAILURE TO PROVIDE RECEIPTS/PROOF OF PURCHASE AMOUNT WILL RESULT IN THE DENIAL OF REIMBURSEMENT.** If your receipt includes personal purchases, please highlight the specific items that need to be reimbursed from the chapter.

Applicant's signature \_\_\_\_\_

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**For Treasurer Use Only**

Approve/Denied

Payment Method:

☐ Dues Credit☐ Check      Check Number: \_\_\_\_\_

Treasurer's Signature \_\_\_\_\_

President's Signature \_\_\_\_\_