



Expense Reimbursement Form

Oakland Khmer Angkor Dance Troupe

Requestor:

Date of Request:

Email:

Phone:

Mailing Address:

Make check payable to:

Check disbursement: ☐ mail ☐ hold for pick-up

Budget Line #	Description of Expense	Date of Expense	Amount Requested	Amount Approved
Note: Receipts required for reimbursement		TOTALS		

Requestor Signature: _____ Date: _____

Approval Signature 1: _____ Date: _____

Approval Signature 2: _____ Date: _____

FOR TREASURER USE:

Paid: Check # _____ Check date _____

Disbursement: ☐ Mailed _____ ☐ Picked up on _____ Treasurer

Signature: _____