Atascadero Colony Days Committee
Expense Reimbursement/Check Request Form

Requester Name:			**Request Date:**
Email:			
Phone #:			
Check Payable To:			
Address:			
City, State, Zip:			
Memo:			

Itemized Expenses

One row per receipt, receipts must be attached. If this is a reimbursement it must be turned in by Dec. 1st of the same event year or it will not be paid and the amount will be recorded as a donation by the requester.

DATE	DESCRIPTION (include sub-category, i.e. parade, tent city, vendors, etc.)	CATEGORY (Festival, TCAD, July 4th)	COST

	TOTAL REIMBURSEMENT	

Don't forget to attach receipts!

Committee Member Signature	Date
Approval/TreasurerSignature	Date