

Reimbursement Request For Chapter CA1S

Receipts must be attached for each amount requested. Complete the form below.
If the reimbursement falls into more than one category please indicate the amount for each category.

Name of member requesting reimbursement: _____

Payment Category	Amount	Reason for Expense
Rallies / Meetings / Fund Raisers		
Rider Ed.		
Membership Enhancement		
Training (GWRRA) University		
Chapter Business and Bank Charges		
Office Supplies		
Technology		
Travel		
Chapter Store (Goodie Sales)		
Total Amount of Reimbursement Requested:		

For Chapter Treasurer's Use Only

Check Number: _____

Date Check Written: _____

Check Written Payable To The Order Of: _____