

EAST COAST TRIP 2022-23

Fundraising Reimbursement

Date _____

Request Made By _____

Phone Number _____

Email _____

PAY TO THE ORDER OF _____

Total Amount To Be Paid _____

Description of Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

RECEIPTS MUST BE INCLUDED! Thank you.

Treasurer Entries

Check # _____ Check Date _____