ORLANDO AREA COUNCIL OF ΒΣΦ

REIMBURSEMENT REQUEST

NAME ____ **DATE** __________________

PLEASE PRINT IN BLUE OR BLACK INK ONLY

BUDGET ACCOUNT ____ (**1 ACCOUNT PER REQUEST PLEASE**)

~*

ITEMS PURCHASED	PLACE OF PURCHASE	COST
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
______________________	______________________	$__________
TOTAL AMOUNT REQUESTED		**$**__________

~*

PRINTED NAME OF MEMBER TO BE REIMBURSED______________________________________

SIGNATURE________________________________ **CHAPTER**____________________

SIGNATURE OF CHAIRWOMAN____

~*

~~OAC TREASURER ONLY~~

DATE REC'D	CHECK #	AMOUNT
__________	__________	__________

REV: 08.2023