ORLANDO AREA COUNCIL
REIMBURSEMENT REQUEST

NAME _____ DATE _____

BUDGET ACCOUNT _____ (**ONLY 1 ACCOUNT PER REQUEST PLEASE**)

ITEMS PURCHASED	PLACE OF PURCHASE	COST
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

TOTAL AMOUNT REQUESTED $_____

PRINTED NAME OF PERSON TO BE REIMBURSED

X _____
SIGNATURE OF REIMBURSED

X _____
SIGNATURE OF CHAIRMAN

X _____

~~OAC TREASURER PAYMENT RECORD ONLY~~

DATE PAID   **CHECK #**   **AMOUNT SUBMITTED**

_____   _____   _____