

VFSC Reimbursement Request

Your Name _____

Approved by/Title: _____

Your Address _____

Phone _____

Date	Vendor	Item Purchased	Reason	Event	Committee (if applicable)	Receipt Attached (Y/N)	\$ Amount	
Do you want the check mailed? YES / NO							Total Due	\$

Please print clearly. Fill in each column that applies. Specify what the expense was for. Reimbursement must be approved by the committee chair or board member.

If the check is not mailed, it will be delivered at the club's earliest convenience.

Staple receipts to the back. Write any special notes below