



Woodchips

SCA Woodworking Club
Request for Reimbursement



Members Name: _____

Date: _____

Please Check (✓) Expense Classification:

- | | |
|---|---|
| <input type="checkbox"/> Shop Supplies | <input type="checkbox"/> Shop Project |
| <input type="checkbox"/> Equipment Repair | <input type="checkbox"/> Major Equipment Purchase |
| <input type="checkbox"/> Other | |

Justification/Purpose for Expenditure: _____

Expense Detail (Receipts Must Be Attached):

Date	Vendor	Amount
		\$ _____
Total		\$ _____

I certify that the above expenditures were paid by me and were incurred for the benefit of the Woodchips woodworking club. Accordingly, I request reimbursement of funds as described above, and documented by the attached receipts.

 Signature Date Telephone No.

- Payment Processed -

Check #: _____ Amount Paid: \$ _____

Received By: _____ Date: _____