



CHIPPEWA VALLEY CHAPTER

EXPENSE STATEMENT/REIMBURSEMENT REQUEST

**Description:** \_\_\_\_\_

**Itemize receipts:** \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

**Documentation:** Attach bill, invoice or receipt (if not full sheet size, tape to a sheet of paper)

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Pay to (Name):** \_\_\_\_\_

**Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Payment Authorization**

President or Vice President: \_\_\_\_\_ Date \_\_\_\_\_

Date paid: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Check #: \_\_\_\_\_ Expenses assigned to committee/budget line: \_\_\_\_\_