

GLDA REIMBURSEMENT FORM

NAME: _____

PURPOSE OF EXPENSES: _____

ITEMIZE: **ATTACH ALL RECEIPTS IN UPPER LEFT HAND CORNER.**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____

DATE: _____ CHECK #: _____ AMOUNT: _____

TREASURER SIGNATURE: _____

PRESIDENT SIGNATURE: _____