



GGLRC Expenses Reimbursement Request Form

Mail completed form to:

Terri Herisgtad • 9995 Tesla Road, Livermore, CA 94550
 (925)449-1584 • marstad@aol.com

Date: _____

All Reimbursement Requests must be received within 60 days of event.

Please Issue Check To:	
Mail Check To:	
Street Address:	
City, State, ZIP:	

Check appropriate category box below:

<input type="checkbox"/> Membership	<input type="checkbox"/> Show & Go	<input type="checkbox"/> Field
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Specialty Match	<input type="checkbox"/> Other Expense
<input type="checkbox"/> Specialty Show	<input type="checkbox"/> Public Education	

Please categorize Other Expense:

Receipts must be attached for all reimbursements

Vendor	Itemize & Explain Purpose	Amount Requested

Authorized by Function Chairperson:

Total:

For Treasurer's Use Only:

Check Number:	Date Issued:	Date Mailed:
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