

Tau Beta Sigma Reimbursement Request Form

Fill out form and turn in with receipts attached.

Name _____ Date _____

Expenditure Description:

Date	Item(s)	Why/Where Purchased	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Total Amount: _____

Comments: _____

Do not detach
.....

For treasurer use only

Date: _____ Approved: _____ Not Approved: _____

Reason if not approved:

If approved: Check #: _____ Amount: _____

Treasurer's Signature: _____

Recipient's Signature: _____

Transaction not complete until both above have signed this form.