



**Expense Reimbursement Form**

To request a reimbursement check, please complete this form and submit to CHARITYSMITH. Please include an accurate description (i.e. room rental for April fundraiser) and a receipt for each expense. Please scan & email to Brenda Zimmermann at [brenda@charitysmith.org](mailto:brenda@charitysmith.org) or fax: 530-999-2023.

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

**Memorial Fund Name:** \_\_\_\_\_

**Expenses to be Reimbursed:** Please attach a photocopy of the receipt for each expense.

	Date	Vendor	Purpose	Amount
1				
2				
3				
4				
5				
6				
7				

**Check Payable To:** \_\_\_\_\_

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

**Memorial Fund Administrator Approval**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email address