



**Expense Reimbursement Form**

Please complete form fully and attach all receipts. Obtain approval signatures from the President and the Committee, Event or Program Chair. Please submit the completed form and receipts to the Treasurer for payment.

Please Note:

1. When purchasing goods or services, please mention that the HUACWR has 501(c)(3) not-for-profit status and thus is not subject to sales tax. You may obtain tax identification number information from the Treasurer, as needed.
2. All expenses incurred in one fiscal year must be submitted for reimbursement in the same fiscal year.
3. Reimbursements in excess of \$500 are subject to Executive Committee approval.

**Payee Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable to (*if different from Name*): \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Expenses for Reimbursement**

<u>Date</u>	<u>Expense Description</u>	<u>Committee/ Project/ Event</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Reimbursement:			\$ _____

**Approval Signatures**

Signature of Committee, Event or Program Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of President \_\_\_\_\_ Date \_\_\_\_\_

**Treasurer's Signature**

Signature of Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_