

CAMTA Expense Reimbursement Request Form

1) The reimbursement check should be made out to:

Name:

Address:

2) CAMTA Activity: _____

3) Date of the Activity: _____

4) Committee Chair submitting this form: _____

Amount	Paid / Charged to	Purpose for the expense	

Total amount requested _____

Committee Chair: Please submit this form, WITH RECEIPTS ATTACHED, to CAMTA Treasurer _____ **WITHIN 45 DAYS OF THE DATE OF THE ACTIVITY.** ***Thank you for your cooperation!***

Committee Chair Signature

For Treasurer's Use Only

Date Request Form received: _____

Date / Number / Amount of check: _____