

## 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: \_\_\_\_\_