

# Reimbursement Request

LA CENTER MUSIC ASSOCIATION

YOUR NAME:		PHONE OR EMAIL:	
PROJECT/CATEGORY:			
DATE SUBMITTED:		DATE PURCHASED:	
ITEM(S) PURCHASED:			
CHECK PAYABLE TO:		AMOUNT:	
FULL ADDRESS (your check will be mailed to you):			

**Requests for reimbursement should be made within 30 days of purchase.**

**Receipt(s) totaling the amount of reimbursement must be included.**

APPROVED BY (BOARD MEMBER):	DATE:
APPROVED BY* (BOARD MEMBER):	DATE:

\* Second approval required for purchases over \$500.

FOR TREASURER'S USE ONLY: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_