

DCC EXPENSE REIMBURSEMENT REQUEST

(Please use separate form for each event.)

Submitted by: _____ Date: _____

Event or Budget Line: _____

Approved by: _____

(All Requests must be approved by a DCC Officer, director, or chairperson)

Date Incurred	Description of items and attach receipts.	Budget #	\$ Amount
Total Expense=			

Make check out to:	Treasurer's use only
Send check to:	Amount Reimbursed:
	Check Number:
	Date Sent:

No reimbursement without receipt!