

# 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!**