



## Reimbursement Request

**Attach All receipts (and mail to SHS 5500 Dixon Drive; Raleigh, NC 27609)**

Date: \_\_\_\_\_

Committee: \_\_\_\_\_

Check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

Itemized Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ \_\_\_\_\_

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Date \_\_\_\_\_

Check# \_\_\_\_\_

Amount \_\_\_\_\_

Treasurer Use only  
NC Sales Tax \_\_\_\_\_

Approval 1 signature \_\_\_\_\_

Approval 2 signature \_\_\_\_\_