

JSL Rome Expense Reimbursement Request

Name: _____

Mailing Address:

Date: _____

Please remember to attach original itemized receipt- expenses cannot be reimbursed without one!

Paid To:	Explanation	Amount	Budget Category

Budget Categories:

1- Membership Care 2- Sustainer Care 3-Forum 4-Hospitality 5 -Office Supplies 6 -Postage 7- School Supply Project 8 - Gifts 9- Red Book 10-Follies 11- Provisional 12- Discretionary (must have approval)

For Treasury Department Only:

Date Received	Processed	Check #	Mailed

Once reimbursement is processed, allow 4 weeks for delivery of check by mail to address listed above on form.