



Request for Reimbursement

(Please print legibly)

DATE: _____

Requested by:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Pay to:

NAME: _____

(Leave blank if same as above)

ADDRESS: _____

PHONE: _____ EMAIL: _____

Purpose:

Committee: _____ Expense Description: _____

Amount:	Receipt/ Invoice From (store/vendor/etc.):	Attached

TOTAL: \$ _____ (if more than five items, attach separate list)

**Mail form and original receipts to:
Stephanie Garrett, Treasurer, 2622 E. 33rd Street, Tulsa
OK 74105**

PCT USE ONLY:
