



St. Petersburg
Women's Chamber of Commerce

Reimbursement Request

Name of payee for reimbursement check:

Address to which check should be sent:

Purpose of Purchase, i.e. Fundraiser Supplies :

Description of Items Purchased, if not identified on receipt:

Amount to be Reimbursed: \$ _____

Please attach original receipts.

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For use by Treasurer:

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

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_