

**RMDS FOOTHILLS CHAPTER
REIMBURSEMENT REQUEST**

Please reimburse me for the following budgeted or approved expenses incurred in support of The RMDS Foothills Chapter

Name _____ Date _____

Address _____ Phone _____

City, State, Zip _____

Foothills Chapter Committee, Project, or Office _____
(e.g. Competitor's Committee, etc.)

EXPENSES

(Original and/or fully legible copies of all expense receipts must accompany this reimbursement request.)

- 1. Supplies _____
- 2. Telephone _____
- 3. Copying _____
- 4. Fees _____
- 5. Postage _____
- 6. Clinic _____
- 7. Other _____

Total Reimbursement Requested: \$ _____

Reimbursement authorized by OFFICER: _____
(Signature)

(Print Name)

(Foothills Chapter Office Use Only)

Date Paid _____ Foothills Chapter Check # _____