

# DCC EXPENSE REIMBURSEMENT REQUEST

(Please use separate form for each event.)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Event or Budget Line: \_\_\_\_\_

Approved by: \_\_\_\_\_

(All Requests must be approved by a DCC Officer, director, or chairperson)

Date Incurred	Description of items and attach receipts.	Budget #	\$ Amount
<b>Total Expense=</b>			

<b>Make check out to:</b>	<b>Treasurer's use only</b>
<b>Send check to:</b>	<b>Amount Reimbursed:</b>
	<b>Check Number:</b>
	<b>Date Sent:</b>

**No reimbursement without receipt!**