

# North Carolina Association of Senior Citizen Clubs, Inc.

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## Expense/Reimbursement Form

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_

### EXPENSE/REIMBURSEMENT PAID TO:

Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

### DESCRIPTION/PURPOSE OF PURCHASE (PLEASE ATTACH RECEIPTS):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BOARD PRE-PPROVAL: (PLEASE ATTACH EMAIL)

DATE OF REIMBURSEMENT: \_\_\_\_\_ CHECK NO: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

TREASURER SIGNATURE: \_\_\_\_\_