AFG District 10 - Expense Reimbursement Request Form

- If this request is for a Gratitude Event, pre-approval from the Gratitude Chairperson is required. If over budget, pre-approval from the D10 Panel 61 is required.
- All other reimbursement requests must be pre-approved by the DR, Alt DR or AISL.
- Receipts must accompany all requests for reimbursement.

WHY	WHAT	Total Amount	Reimbursement Amount or Love Gift
Service or Event	Items/Materials	On Receipt	or Love Gift
Pre-Approval Signature (DR,	Alt DP or AISI \.		
Pre-Approval Signature (Gra	titude Event):		
Total Reimbursement Reque	ested:		
Total Love Gift to record:			
Date & Amount of Reimburs	sement:	_	
D10 Treasurers Signature: _			
1	Name & Address of Person	Requesting Reimburser	ment:
12 <u>-</u>			
12			