

Reimbursement Request Form

Item No.	Description	For which event (Name & Date)	Amount
1			
2			
3			
4			
5			
6			
7			
8			
Total Amount:			

Requested by

Name(Print): _____

Email: _____ Tel: _____

Mailing Address
(for reimbursement check): _____

Requester Signature: _____ Date: _____

CCC President Approval (to be filled in by CCC president)

President Signature: _____ Date: _____

Instruction: Please fill in the form, digitally **sign**, and email this form together with **scanned receipts** to **both** president@cccaldany.org **and** treasurer@cccaldany.org with the email title "Reimbursement Request". The CCC president will sign the form. The treasurer will process the reimbursement and send the reimbursement check according to your mailing address. You are encouraged to **digitally sign** the form using [Adobe Reader](#) without printing the form. If there are more than 8 items, please fill out a second form.