

SAN GABRIEL MOUNTAINS CHAPTER  
California Native Plant Society

**EXPENSE REIMBURSEMENT FORM**

Required for reimbursement to a chapter member for chapter expenses incurred by them  
A Purchase/Payment Authorization Form is also required for all but routine expenses  
Please submit completed forms to the Treasurer

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

Address: \_\_\_\_\_

\_\_\_\_\_

Project: \_\_\_\_\_

<u>AMOUNT</u>	<u>ITEM(S) TO BE REIMBURSED &amp; PURPOSE</u>
\$ _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ \_\_\_\_\_ Attach original receipts for all expenses

This is routine expenditure:      Yes      No

**Note: Non-routine expenditure also requires a Purchase/Payment Authorization Form**

Notes: \_\_\_\_\_

\_\_\_\_\_

Requester's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_