



Expense Reimbursement Request

- 1) Only board and committee members will be reimbursed for expenses incurred.
- 2) Itemized expenses will be reimbursed only if original receipts are attached to the request.
- 3) Requests must be approved by two (2) Board Members; one member must be an Officer.
- 4) A Board Member cannot approve his/her own reimbursement request.
- 5) Requests totaling more than \$10.00 will be reimbursed by check.

Name: _____ **Date:** _____

Board Position: _____

Committee: _____

Home Address: _____

City, State, Zip: _____

Item	Description / Purpose	Amount
Copies / Printing		
Decorations		
Equipment		
Food		
Furnishings		
Maintenance Supplies		
Office Supplies		
Postage		
Project Materials		
Utensils		
Other		
Other		
Other		
Total		\$

Forward Request to the BHCA Treasurer for processing.

BHCA Board Member Approval: _____

BHCA Officer Approval: _____

**Office Use
Only**

Date Paid

Check No.