

Bellydancing UW Request for Reimbursement

Name (print) _____

Email Address _____ Phone (____) _____

Amount Requested \$_____ for (itemize each expense where applicable):

Expense	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please attach all receipts indicating the expense(s) for which you request to be reimbursed by Bellydancing UW

All requests for reimbursement will be reviewed by our treasurer. By signing this form, you verify that these are the actual expenses you have incurred on behalf of Bellydancing UW. Bellydancing UW reserves the right to withhold reimbursement for questionable expenses.

Signature: _____

Date ____/____/____

For Treasurer Only

Amount Reimbursed \$_____

Date of Reimbursement ____/____/____

Amount Withheld for Reimbursement \$_____

Reason for Withholding Refund: _____

Keep this copy for club financial records