

BASIC/BLANCHARD COMMUNITY CENTER EXPENSE REIMBURSEMENT REQUEST

Note: Whether you intend to ask for reimbursement or just donate the goods, please help us budget and plan for our expenses by submitting this request. We will not know how to plan for future costs if we don't know what is needed and/or necessary.

Submitter's Name: _____ Date: _____

Mailing address: _____ City, State, Zip _____

Email Address: _____

Committee or Project: _____ Phone: _____

Instructions: This form is for an individual's reimbursement or donation acknowledgement. Please make sure that your reimbursement request is a pre-approved expense on behalf of BASIC. Unauthorized or unanticipated requests may not be honored for reimbursement. A receipt for each expense must accompany this form. If you donated items, please list the retail value. If you have received a cash advance, return any unspent cash with this form.

Return to: **BASIC Treasurer P. O. Box 127, Blanchard, Id. 83804 or leave in the outside lock box at the Center.**

Date	Receipt from Vendor	Item	Amt. to be Reimbursed	Donated Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		TOTALS:	\$	\$

Advance Amount, if applicable: \$ _____ Advance cash to be returned: \$ _____

Amount Requested for Reimbursement: \$ _____ Amount to be donated: \$ _____

Comments: _____

Signature

Date