

QCTC Expense Reimbursement Request

DATE: _____

COMMITTEE: _____

EVENT (if applicable): _____

SUBMITTED BY: _____

ITEMS PURCHASED OR SERVICES RENDERED:

(receipts must be attached)

TOTAL AMOUNT REQUESTED: _____

BOARD CHAIR APPROVAL: _____

(no reimbursements without Board Chair signature)

Reimbursement Date: _____

Amount Paid: _____

Date paid/check #: _____