

Bonny Slope Community Organization Check Reimbursement Form

Instructions: All requests *must have* original receipts stapled to the back of this form. Please be sure to complete this form in its entirety with special detail to the "Brief Explanation of Invoices/Receipts" section and include the Committee or Event name. Use a separate form for each request. **Please submit requests within 14 days of the incurred expense** and allow 7 – 10 days for processing. Remember that BSCO is a tax-exempt organization. Thank you.

Date: _____

Make Check Payable to:

Name: _____ **Amount:** \$ _____

Address:

Committee/Event: _____

Brief Explanation of Invoices/Receipts:

Contact Information:

Print Your Name _____ **Phone Number** _____

Your Signature _____

Method of delivery: All checks will be mailed to the address provided above.

FOR TREASURER'S USE ONLY

Date Paid: ___ / ___ / ___ **Check No:** _____ **Amount:** \$ _____