

Panther Partners of CCMS

PAYMENT REQUEST FOR REIMBURSEMENT/REFUND

ATTACH ALL ORIGINAL RECEIPTS TO THIS EXPENSE REPORT IN AN ENVELOPE

Name _____
 Address _____
 City/Zip _____
 Telephone _____ Email _____

Expenditure was for: _____

List itemized expenditures below or attach a spreadsheet:

Date	Business Name	Description of what was purchased	Amount
TOTAL AMOUNT TO BE REIMBURSED			

Signature _____ Date _____

Total Amount Claimed from above	\$	_____
Minus Advance Received if applicable	\$	_____
Reimbursement claimed	\$	_____
Not claimed – donate to Panther Partners of CCMS	\$	_____
Refund to Panther Partners of CCMS (enclose check)	\$	_____

FOR PANTHER PARTNER TREASURER USE:
 ___ budgeted expense (doesn't need a vote)
 ___ approved by board via email on (date) _____
 ___ approved by vote at meeting on (date) _____

Panther Partner approval signature _____ date _____