

Committee Reimbursement Form

- For event-related purchases up to budgeted amount
- Fill out the form **completely**
- **Attach all supporting receipt(s) and/or invoice(s)**
- Place in PFC box for funding.

Make check payable to: _____ Date: _____
_____ Mail to address below _____ Place in my staff mailbox

Mailing Address: _____
City, State, Zip: _____
Committee/Event: _____

Authorized by: _____ (PFC Board) Date: _____

Details/Description:

****Please Attach All Receipts****

Total Amount Requested: \$ _____ Signature: _____
Phone: _____

For PFC use:

Amount Reimbursed: \$ _____ Check date: _____ Check # _____