

# General Reimbursement Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DATE	RETAILER	DESCRIPTION OF CLAIM	ACCOUNT <small>(FOR OFFICE USE)</small>	TOTAL
E-transfer email:		Purpose of Claim:	Grand Total _____	

*I certify all claims are true & are accompanied by original itemized receipts:*

*Approved by:*

\_\_\_\_\_  
Club Executive Signature

\_\_\_\_\_  
TDSA Signature

