

**Expense Reimbursement Form**

To request a reimbursement check, please complete this form and submit to CHARITYSMITH. Please include an accurate description (i.e. room rental for April fundraiser) and a receipt for each expense. Please scan & email to Stacey Spain at stacey@charitysmith.org or fax: 530.999.2023.

# Date:

**Memorial Fund Name:**

**Expenses to be Reimbursed: Please attach a photocopy of the receipt for each expense.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date** | **Vendor** | **Purpose** | **Amount** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |

**Check Payable To:**

**Address:**

**Memorial Fund Administrator Approval**

Signature Date

Printed Name

Email address

**13100 Filly Lane  Truckee, California 96161  866.558.2064 ** [**www.charitysmith.org**](http://www.charitysmith.org/)