

**Santa Clara Valley Rifle Club**

Request for Reimbursement of Expenses

Requestor Name \_\_\_\_\_ Date \_\_\_\_\_

Amount requested \$ \_\_\_\_\_ Date funds are needed \_\_\_\_\_

Purpose of expense (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Club program or group who benefitted \_\_\_\_\_

This expense was approved by vote of the: Executive Committee, Board of Directors,  
and/or club membership (circle one) at their meeting held \_\_\_\_\_ (date).

Please attach receipt with details of expense (amount, vendor, date, description, etc)

If no receipt is available, please explain (be specific and expect delays) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\_\_\_\_\_**  
(Entries below this line for treasurer use only)

Reimbursement was made via check # \_\_\_\_\_ on \_\_\_\_\_ (date)

Inadequate / missing receipt was approved by SCVRC as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_