

# The Herb Society of America Pioneer Unit

## Request for Reimbursement (for copies of this form please see Unit Treasurer)

Instructions: Please attach receipts to cover requested reimbursement. Fill out separate forms for each office or committee covered by receipts. Submit to officer or committee chair for approval and then submit to Treasurer within 60 days of expenditure. Please keep a copy until reimbursement is made.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Budget Category \_\_\_\_\_  
Date of Request \_\_\_\_\_  
Date of Expenditure \_\_\_\_\_

Is the Committee Chair aware of the purchase/s?  YES  NO

Committee Chair's Signature \_\_\_\_\_

Please itemize expenditures:

Postage	\$ _____
Printing	\$ _____
Supplies	\$ _____
Other _____	\$ _____

\_\_\_\_\_  
\_\_\_\_\_  
Total Expenditures \$ \_\_\_\_\_

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### For Treasurer's Use

Date of Reimbursement \_\_\_\_\_

Check # \_\_\_\_\_

Check Signatures \_\_\_\_\_ and \_\_\_\_\_