



REIMBURSEMENT RECONCILIATION REPORT

PLEASE NOTE:

ANY ONE WHO REQUESTS A REIMBURSEMENT FROM HIS OR HER CLUB MUST LIST ALL RECEIPTS BELOW AND ATTACH ALL ORIGINALS TO THIS FORM. PLEASE USE AS MANY FORMS AS NEEDED. NEW YORK STATE SALES TAXES CANNOT BE REIMBURSED. FAILURE TO FILL OUT THIS FORM WILL RESULT IN FURTHER DELAYING ONE'S REIMBURSEMENT.

NAME OF INDIVIDUAL REQUESTING REIMBURSEMENT: _____
CLUB/ ORGANIZATION: _____
DATE(S) OF EVENT(S) : _____

PLEASE ITEMIZE ALL RECEIPTS AND ATTACH ORIGINALS WITH CORRESPONDING NUMBERS

Receipt number	Where purchased and purpose of purchase	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
Total expenses to be reimbursed:		