

NC JCI Senator Reimbursement Request

Only ONE budget line item per reimbursement request form.
All back up receipts that pertain to this reimbursement Must Be Attached

Date of Request: _____

Request Made By: _____

Event: _____

Description of Reimbursement: _____

Amount of Reimbursement: \$ _____

If you prefer to have the check mailed to you, complete your address listed below:

Address: _____

City _____ State _____ Zip _____

1. Please submit your Reimbursement forms to the Treasurer following the Saturday meeting.
2. If you prefer, you can mail or email your reimbursement form (and copies of receipts) to Treasurer BJ Craft, 7019 Rivers Bridge Ct., Myrtle Beach, SC 29579 bjcraft0920@msn.com and check will be mailed to you.

Received by: _____ Treasure's Initials _____
(Please Sign Here)

This Portion to be Completed by Treasurer

Check Number: _____ Issue Date of Check: _____

Check Amount: \$ _____

Payee: _____

Portfolio: _____ Category _____ COA _____