



Expense Reimbursement Form

Please print

Member Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Amount requested/spent \$ _____

Please check below for payment.

- Pay to member
- Pay to company from invoice
- No reimbursement (donation in kind)

Please indicate the category or categories for which the expense was incurred.
(Example: Office Supplies, Layette, Golden Gate School, etc.)

Please state the specific item purchased. (Example: Yarn, Printing Costs, Books, etc.)

Please attach receipts. Thank you.

Mail or hand this form to:

Stephanie Lohri
8440 Abbingtion Circle, D-31
Naples, FL 34108
(239) 566-1360

Northern address (after 6/1)
5604 Fairway View Drive
Charlotte, NC 28227
(704) 541-8059

Another reimbursement request form will be included
with the reimbursement check or mailed to you.