



Reimbursement Request

General Fund

Attach receipts (or copies) for all expenses outlined below and mail to:
Sue Lawrence, 340 Viking St NW, Palm Bay, FL 32907

Date of request: _____

Make check payable to: _____

Check handling: Hold for meeting Mail check to:

Date of Purchase	Item(s)/Purpose/Authorization	Cost
	Total Request	

<p>For office use:</p> <p>Paid by check no. _____</p> <p>Date paid: _____</p> <p>Paid by: _____</p>
