LUGOD Reimbursement Form

Please return with receipt(s) to the Treasurer

Neither receipts without form, nor form without receipts shall be accepted

Your Name: ______________________________

Mailing address: ______________________________

Date: ______________________________

Receipt #	Amount	Event description	Description of items bought
1	$		
2	$		
3	$		
4	$		
5	$		
6	$		
7	$		
8	$		
9	$		
10	$		

Total: $_______ Number of receipts: ________

Additional information, if needed:

For treasurer's use: reimbursed with check #______________.