



Date Paid: _____

Check Number: _____

2016 Celebration of Champions Expense Reimbursement Form

Date Submitted: _____

Amount: _____

Requested

By: _____

For (Budget Category): _____

Check Payable To: _____

SEND TO:

Name: _____

Address: _____

Phone: _____ email: _____

Itemize (If charged to more than one Budget Category):

PLEASE ATTACH RECEIPTS AND PLACE IN THE TREASURER'S FOLDER OR MAIL TO:

Leigh Burdine
2505 Evergreen Street
San Diego, Calif. 92106