



|   |
|---|
| <p>To be filled out by Treasurer:</p> <p>Check #: _____</p> <p>Date Paid: _____</p> |
|---|

### Reimbursement Request

Instructions:

1. Please itemize expenses on lines below.
2. Enter subtotals and total reimbursement request.
3. Staple receipts behind this form.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Semester # (1 or 2): \_\_\_\_

Class or area to be charged: \_\_\_\_\_

| Line # | Item(s) Bought                     | Subtotal |
|--------|------------------------------------|----------|
| 1.     |                                    |          |
| 2.     |                                    |          |
| 3.     |                                    |          |
| 4.     |                                    |          |
| 5.     |                                    |          |
| 6.     |                                    |          |
| 7.     |                                    |          |
| 8.     |                                    |          |
| 9.     |                                    |          |
| 10.    |                                    |          |
|        | <b>Total Reimbursement Amount:</b> |          |

The expenses itemized above are to be used only for H.I.G.H. Day activities/purposes and thereby become the property of H.I.G.H. Day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_