REQUEST FOR REIMBURSEMENT FROM TVPFHA

DATE_____ SHOW NAME (if applicable)_____

It is required by our By-Laws that all request for reimbursements must be submitted in writing and must include the ORIGINAL invoices before checks can be issued. Please use this form when making your request.

DESCRIPTION	AMOUNT
Please list each invoice / receipt seperately and the category for the expense (I.e., hotel, award, prizes, decorations, transportation, etc.) then attach the receipts to the form, total, sign, and give to the treasurer for reimbursement.	
TOTAL AMOUNT REQUESTED	**$**

Signature of person making request _____

Date Paid_____ **Check Number**_____ **Approved by (initial)**_____