

## Request for Reimbursement from TVPFHA

Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

It is required by the TVPFHA's By-Laws that all requests 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.

Please list each invoice/receipt separately and the category for the expense (i.e. hotel, award, prizes, decorations, transportation, etc.) then attach the receipt to the form, total, sign, and give to the treasurer for reimbursement.

Date	Description	Amount
	<b>Total Amount Requested:</b>	

Signature of Person Making Request: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Approved by (Initials): \_\_\_\_\_