

## PACK 24 EXPENSE REIMBURSEMENT FORM

I am seeking reimbursement for the total amount of \$\_\_\_\_\_.

All receipts for these amounts are stapled to this form, and if the receipts contain non-reimbursable items, only the reimbursable amounts are highlighted on the receipts.

An itemization of the purchases and individual amounts for which I seek reimbursement are detailed in the columns that follow:

Item Individual Amount Item Individual Amount

[illegible]

The event(s) for which these amounts were incurred: \_\_\_\_\_

My reimbursement check has been hand delivered to me, or if it has not, my check should be mailed to : \_\_\_\_\_.

Street Address, City, State Zip Code

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #:

Submit to Andy Alig by

e-mail – [atalig76@aol.com](mailto:atalig76@aol.com)

Mail – 4201 Vincennes Place, New Orleans, LA 70117

Childpost – via Parker Alig (3rd Grade - Avants)

*All expenses must be preapproved by the Pack Committee and/or the Treasurer prior to spending*