

Nittany Amateur Radio Club
PO Box 614
State College, PA 16804-0614

Expense Reimbursement Request

Please complete the information below, attach supporting receipt(s), and submit the completed form to the Treasurer. If the receipt(s) include non reimbursable personal purchases make sure the NARC expenses are clearly marked and correspond with the amount on this form. If the receipt(s) include personal account numbers redact that information to protect your privacy.

Name: _____

Call: _____

Address: _____

City, State: _____

Phone: _____

Date: _____

Date of Purchase	Vendor	Purpose of Purchase	Amount

Signature: _____

Treasurer Use Only:

Date Paid: _____

Check #: _____

Initials: _____

How delivered: Hand

Mail

[Form Board Approved 8/26/2008]