

# REIMBURSEMENT REQUEST

Payable from the Tri-Lakes Improvement Association

Reimbursement Check In the Amount Of:  \$	Make Check Payable To:
Event:	
Purpose of Reimbursement:	Your mailing address:
Date Submitted:	<i>You can expect a check to be mailed to you within two weeks of receipt by the Treasurer</i>

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Please attach receipts to this Request

*For Treasurer to complete:*

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Paid by: \_\_\_\_\_