

LSS Club/Association Reimbursement Form

Club Name: _____
 Date: _____
 Person to be paid: _____
 Email: _____

Receipt Item:	Amount:
Total Amount:	

Note: Reimbursements are limited to the amount allocated to your club or event in the 2015-2016 LSS budget. Any amounts exceeding your club's allocation will not be repaid

All receipts must be enclosed with this form. Please deliver this form in an envelope to the LSS office with attention made to Alex Massé, LSS Director of Finance

TREASURER USE ONLY		
Presented: YYYY/MM/DD	Amount Reimbursed: \$	Club: