

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 2014-2015 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 James Suderman, LSS Treasurer

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