

Jardineros de Placitas Reimbursement Form

Submitted By Jardineros Member

Name: _____

Reimbursement Request For Jardineros
Office/ Committee: _____

Date Submitted: _____

Total Amount: _____

Optional Notes: _____

(please circle total applicable amount on receipt)

(please submit one form per office or committee)

Box Below to be Filled out by the Treasurer for File

Reimbursement Check No. _____

Check Made Out To: _____

Date of Check: _____

Amount of Check: _____

Budget Notes (Office or Committee):

Staple or Tape Receipt Here

Submit the completed form with attached receipt to the Treasurer