

**The Labyrinth Society Expense Reimbursement Form**

*If you have made purchases on behalf of The Labyrinth Society, please complete this form, attach receipts and submit it for reimbursement to:*

The Labyrinth Society, P.O. Box 736, Trumansburg, NY 14886 -- Phone: 607-387-5863

Name of Payee: \_\_\_\_\_

Address for sending reimbursement: \_\_\_\_\_

\_\_\_\_\_

Phone and/or e-mail contact: \_\_\_\_\_

If this expenditure is over \$50, has a member of the Executive Committee pre-approved it?

\_\_\_\_\_

If so, who: \_\_\_\_\_

Total Amount Requested for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

Signature of Payee & Date

**For Treasurer's Use Only:**

Date of Check \_\_\_\_\_ Check # \_\_\_\_\_ Amount of Check \_\_\_\_\_

\_\_\_\_\_ Expense Account \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Expense Account \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Expense Account \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Any Non-reimbursement Amounts \_\_\_\_\_

\_\_\_\_\_ Total of Expenses \_\_\_\_\_