

USS Bismarck
Expense Reimbursement Form

Event: _____ Event Date: _____

Payee: _____ Total Amount: \$ _____

Budget Category: _____

Store	Items Purchased	Price

A copy of all receipts must be included!

Comments/mailling address:

Approved by: _____
(Commanding Officer)

Date: _____

Date turned into Finance Officer: _____

Date Paid: _____

Paid by _____ & _____
(Check Signer) (Check Signer)

Check # _____

*When approved, a reimbursement check will be mailed or hand-delivered within 30 days.
Forms must be submitted within 2 General Meetings of the event.
You may wish to keep a copy of the completed form for your own records.*