Reimbursement Request

Requested by:
Date: _____
Name: _____
Committee: _____
Event/Purpose: _____

Receipt(s) Attached: ☐ Yes ☐ No Total $: _____

Payee:

Name _____ Street _____
City _____ State _____ Zip _____
For Zelle:
Email _____ or Phone Number _____

Send payment via: ☐ Zelle ☐ Check

Item	Vendor	Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			

Requestor's signature: _____

Email the completed form to: treasurer@pcavineyardregion.com
Please keep a copy for your records

Treasurers Use Only

Date Paid _____ Check Number _____ Amount $ _____

By: _____

Revised 6/22 T Dail