

DALLAS CHAPTER -- SONS of the AMERICAN REVOLUTION

Expense Reimbursement Request/Report Form

Request Date _____ Amount \$ _____

Requested by: _____ Member Yes ___ No ___

Project/Account _____

Item(s) _____

Pay to: _____

Vendor _____

Address _____

City/Zip _____ Phone _____

Contact _____

Approved by _____ Check # _____

Pres. Tres. Trustee other

Date _____

IN BUDGET _____ Contingency _____ Not in Budget _____

Additional Explanation (and/or attach receipts)