

## Yuba County Sheriff's Women's Posse Reimbursement Request

Reimbursement requests, with all applicable receipts\* attached, must be submitted to the Organization Treasurer (or Organization Captain, if the Treasurer is unavailable) within 45 days of expenditure.

\* Any receipts containing other purchases, in addition to Organization purchases, must be noted with the total owed by the Organization, inclusive of applicable tax (if any).

**Reimbursement Request for:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Date of Purchase	Description of Item(s) Purchased	Intended Use For Item(s) Purchased	Amount
<b>Subtotal:</b>			
<b>Minus Advance Payment Toward Expenditure (if any):</b>			
<b>Total Reimbursement Amount:</b>			

**To be Completed by Organization Treasurer**

**Date Reimbursement Request Received:** \_\_\_\_\_

**Date Reimbursement Issued:** \_\_\_\_\_

**Amount Reimbursed:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_