



YUBA COUNTY SHERIFF'S WOMEN'S POSSE REIMBURSEMENT REQUEST



Reimbursement requests must be submitted to the Organization Treasurer within 30 days of expenditure with all applicable receipts attached. Any receipts containing personal purchases in addition to Organization purchases, must be noted with total owed by the Organization, inclusive of applicable taxes (if any).

Reimbursement Request Made By:

Volunteer Name:

Contact Phone Number:

Mailing Address:

City, State, Zip:

**Reimbursement(s) Can
Not Be Processed
Without Receipts. Be
Sure to Attach.**

Itemized Expenses:

| Date of Purchase | Description of Item(s) Purchased | Items Purchased For <small>(specific event, intended purpose, etc.)</small> | Item Cost <small>(including tax)</small> |
|--|----------------------------------|--|---|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal: | | | \$ |
| Minus Advance Payment Toward Expenditure (if any): | | | \$ |
| TOTAL REIMBURSEMENT REQUESTED: | | | \$ |

APPROVED BY:

Name: _____ Date: _____; OR,

Per Standing approval for routine business expense; OR,

Per Member Guideline training allowance.

COMPLETED BY TREASURER:

Date Reimbursement Request Received: _____

Date Reimbursement Issued: _____

Amount Reimbursed: _____