

**USATF San Diego**

**Imperial Association**

**Reimbursement Request Form**

**Please fill out the form data below for all expenses and send to the Treasurer per the guidance below (use a second page if necessary). Be sure to list the name of the person who will be listed for check reimbursement and attach any receipts. The USATF San Diego Treasurer will assign the applicable reimbursement receipt number and provide a copy of the receipt when funds are transferred and approved expenses are paid.**

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| --- | --- | --- | --- | --- | --- |
| **Description of Expense** | **Event Name** | **Qty** | **Unit Price** | **Total Price** | **Amount Paid** |
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| **Total Cost** | | | |  |  |

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Name (must match Association approved budget): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person submitting reimbursement form – must match the designated budget account holder (please print/type clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person/organization to be reimbursed (name on check): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Method: MAILED CHECK OTHER (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Please provide desired mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are receipts attached: YES NO (payment cannot be processed unless receipts are included with this form)

**Requests can be hand delivered to the USATF San Diego Treasurer at board meetings or submitted via email to:** [**Treasurer@sandiego.usatf.org**](mailto:Treasurer@sandiego.usatf.org)

Please provide email address for return receipt following payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be filled out by USATF San Diego Treasurer/President)

USATF SD Treasurer Receipt Acknowledgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature/Date)

Amount Paid: \_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_