

The Palos Verdes Assembly
Patroness Reimbursement Form
(also available at www.pvassembly.com)

Check payable to _____ Your Signature _____

Date _____ Your Telephone Number _____ Your Email Contact _____

All requests for reimbursement are to be submitted to:
P.O. Box 3103
PVP, CA 90274
Attention: Treasurer

For each item, please list the item, its purpose and the amount spent.

<u>ITEM</u>	<u>PURPOSE</u>	<u>AMOUNT</u>

ORIGINAL RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

Total to be reimbursed \$ _____

*All items over \$250.00 must be pre-approved with a Coordinator's signature on this request.

Approving Coordinators Signature _____

Date _____

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE.

Please submit all reimbursement forms ASAP, but no more than **21 days** from date of purchase.

PAYMENT RECORD (for Treasurer's use only)

Check # _____

Date _____

Reimbursed Amount \$ _____