



## Reimbursement Form

Please return this form to: YNA Treasurer

Today's Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name (Check Payable to): \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Expenses

Expenses require pre-approval unless you are a steward of a designated budget/ event and total expense is under \$100.

Event/ fund	Explain Expense (please attach receipts)	Pre-approved	Amount of Expense
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____