



**2019 - 2020 Expense Reimbursement Form**

Date of Submission mm/dd/year \_\_\_\_\_

KLSD ArtsALIVE Member Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Receipt Attached	Date Incurred	Item Description	Amount

**TOTAL** \_\_\_\_\_

Member Signature: \_\_\_\_\_

President Signature: \_\_\_\_\_

**President's signature required for Expenses over \$200**

*Submit this form, along with receipts/bills/invoices to the Treasurer within 30 days of Purchase*