



## NERM 2012 Reimbursement Request Form

NAME: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

AMOUNT OF REIMBURSEMENT REQUESTED: \$ \_\_\_\_\_

BUDGET CATEGORY FOR REIMBURSEMENT REQUESTED: \_\_\_\_\_

PURPOSE OF EXPENDITURE:

PROJECT LEADER: \_\_\_\_\_

PROJECT LEADER'S SIGNATURE: \_\_\_\_\_

CHECK TO BE MADE PAYABLE TO: \_\_\_\_\_

CHECK TO BE MAILED TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**MAKE SURE YOU ATTACH ALL APPROPRIATE RECEIPTS**

**Requests for Reimbursement must be submitted by November 5, 2012**

Bob Murray, Treasurer  
NERM 2012  
115 Cuddy Ct.  
Webster, NY 14580

**The following fields are for the Treasurer's use only:**

Check Written: _____	Check Number: _____
Check Sent: _____	Treasurer: _____