

Florida JCI Senator Reimbursement Request

Only ONE budget line item per reimbursement request form.
All back up receipts that pertain to this reimbursement MUST Be Attached

Date of Request: _____

Request Made By: _____

Event: _____

Description of Reimbursement: _____

Amount of Reimbursement: \$ _____

[] Please mail check to address listed below

Address: _____

City _____ State _____ Zip _____

1. Please submit your Reimbursement forms to the Treasurer following the Saturday meeting.
2. Checks can be picked up on Saturday afternoon beginning at 3:00-4:00 pm.
3. Pick up Location will be announced during Saturday's Membership Meeting.
4. If you prefer, you can email your reimbursement (and copies of receipts) to the Treasurer Michael Sawyer, 600 Jimmy Ann Dr., #918, Daytona Beach, FL 32114 and check will be mailed to you.

Received by: _____ Treasurer's Initials _____

(Please Sign Here)

This Portion to be Completed by Treasurer

Check Number: _____ Issue Date of Check: _____

Check Amount: \$ _____

Payee: _____

Portfolio: _____ Category _____ COA _____