

**TBA Sisterhood
Expense Approval and Reimbursement Form**

Date: _____ Total Amount Requested: _____

Requested by: _____

* Expenses need to be approved by Committee Chair and/or Sisterhood President

(Office Use Only)

Description: _____ Amount: _____ Category: _____

Description: _____ Amount: _____ Category: _____

Description: _____ Amount: _____ Category: _____

Description: _____ Amount: _____ Category: _____

Description: _____ Amount: _____ Category: _____

Total: _____

(Use additional Sheets as needed)

Attach Receipts below

Approved by: _____ Date Paid: _____

Check #: _____