



REIMBURSEMENT REQUEST FORM

info@peninsulacountrymarket.ca

mail form and receipts to:

Attn: Treasurer, P.O. Box 154, Saanichton, BC, V8M 2C3

Today's Date:					
Name/Payee:					
All requests are subject to Board approval and may not be granted in some instances.					
	Street Address				
	City		Prov.		Postal Code
Reason for Reimbursement:					
ITEMIZED RECEIPTS					
Check one: <input type="checkbox"/> Receipts attached <input type="checkbox"/> Receipts already received by Treasurer					
Date Incurred	Item	\$ Paid	\$ Reconciled <small>(for office use only)</small>		
	Subtotal				
	Less Contribution to Peninsula Country Market (if applicable)				
	Total Amount Reimbursed				
Requested by:					
Approved by:			Date:		