



## AMERICAN CONNEMARA PONY SOCIETY

Document Number: FIN FO 1

Document Name: Request for Reimbursement of Program Expense

### PROCEDURE:

1. Please attach all bills, statements and other documentation. These MUST accompany request.
2. Program/Committee Chair must sign before request is submitted.

DATE OF REQUEST: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE of EXPENSE \_\_\_\_\_

AMOUNT of EXPENSE \_\_\_\_\_

EXPLANATION \_\_\_\_\_

### Please reimburse these expenses to:

NAME AND ADDRESS: \_\_\_\_\_

SIGNATURE, PROGRAM/COMMITTEE CHAIR \_\_\_\_\_

ACPS TREASURER: \_\_\_\_\_

CHECK No. \_\_\_\_\_ DATE: \_\_\_\_\_

### YEARLY BUDGET INFORMATION:

Total Amount for Program in Budget: \_\_\_\_\_

Year-To-Date Expenditure for Program: \_\_\_\_\_

### Revision History

Date	Changes	Author
9/03	Formatted for website	Charlie Morgan