



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 |
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