

Decorative Artists of Southwest Florida

Treasurer's Reimbursement FORM

Mail to:

Diane Kinser, Treasurer
5260 S Landings Dr #1607
Fort Myers FL 33919

Date: _____

Member Name: _____

Vendor / Activity Name: _____

Amount: _____

Explanation for Check Reimbursement:



Board Approval: (YES) (NO)

If no, state reason _____

Date Paid: _____

Amount Paid: _____

Check Number: _____

Treasurer Initials _____ or President Initials _____

PLEASE NOTE:
EXPENSES WILL NOT BE REIMBURSED WITHOUT RECEIPTS ATTACHED