

*Dedicated 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**