The Robin Hoods of VDS, Inc.

Reimbursement Request Form

Name: _____

Address: _____

Phone or Email: _____

Drive / Program / Event: DROP DOWN LIST

Justification for Purchase(s)

Receipt Date	Vendor / Store	Item Description	Receipt Total

Total Amount Requested: $ $ 0.00

If no receipt is available, explain:

All Receipt(s) attached: ◯ Yes ◯ No

I certify that these purchases were made on behalf of The Robin Hoods of VDS, Inc. for organizational purposes and I have not previously been reimbursed for these expenses. I understand my typed name below constitutes my legal signature.

Signature _____ Date _____ Email form to: JIM@MistyMor.com

TREASURER USE ONLY Date Received _____

Additional Info Required: _____

☐ Approved Approved by: _____

Date Paid: _____ Amount Approved: $ _____ Ck # _____