



Reimbursement Form

Fill out the form below completely. All receipts should be attached to the form and emailed to grant@pdxchinese.org.

Date	_____
Budget Category	_____
Approver Name	_____
Submitted by	_____
Phone	_____
Email	_____
Send Check to (name)	_____
Address	_____
City/State/Zip	_____

Description of Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Treasurer Use Only		
Check Number	Amount	Date
Budget Category		