



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 _____		