REIMBURSEMENT REQUEST FORM

Name	
Bank Account Number	
Bank Account Name (if different from your name)	



NOK Amount	Description	Purpose	Comments	Approving Board Member Sign-Off
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Total

For Treasu	rer's Use Onl	У	
Amount Reimbursed			
Date Reimbursed			
Initials for Cash		1	
	TREASURER	1	RECIPIENT

PURPOSE CHOICES

Appreciation Gift
FAWCO Conference
Fjord Flyer
Fundraising Event Supplies
Information Brochures
Library
Member Meeting Hostess
Membership Directory
Membership Supplies
Scholarship Committee
Website

INSTRUCTIONS

- Please familiarize yourself with the rules of reimbursement, as outlined in the American Women's Club of Oslo's Standing Rules. Expenses must qualify for reimbursement by the Club.
- 2) Each item on this form must have a corresponding receipt.
- Each item must be signed for by the appropriate Board member, depending on its purpose.
- 4) This completed form and its accompanying receipts may be submitted electronically via email, or printed out and submitted in person.
- 5) If you have more items to claim than available spaces on this form, divide your reimbursement request among multiple forms.