

**Lambda Chi Alpha**  
**REIMBURSEMENT FORM**

**REQUESTER FILLS IN THIS SECTION**

Date of Request \_\_\_\_\_

Person Requesting \_\_\_\_\_

Make Check Payable To \_\_\_\_\_

Amount of Check \_\_\_\_\_

Purpose \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which officer's budget is this money coming from?  
\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Note: For all reimbursements, you must accompany all receipts with this form in order to receive a check. Reimbursement requests must be made within 20 days of date of purchase printed on receipt.

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**TREASURER'S USE ONLY**

Approval Date \_\_\_\_\_

Date Issued \_\_\_\_\_

Check Number \_\_\_\_\_

Comments \_\_\_\_\_

Treasurer's signature \_\_\_\_\_