



East Texas Square and Round Dance Association, Inc.

Request for Reimbursement

Date: _____

Provide completed form to: Current ETSRDA Treasurer
Include all receipts or invoices for items listed below.

Name: _____

Office/Position: _____

Email: _____

Phone: _____

Signature: _____

Project or activity for which items are being used: _____

<u>List of Items</u>	<u>Amount</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Total Requested: \$ _____

Approved by: _____

Approval Date: _____ Check Number: _____ Amount: _____

Stated reason if total amount is not being approved: _____
