



# Mid-Atlantic RLI

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## EVENT EXPENDITURES REIMBURSEMENT

Name: \_\_\_\_\_  
PRINT

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

RLI EVENT NAME: \_\_\_\_\_ EVENT

DATE: \_\_\_\_\_ EVENT DISTRICT: \_\_\_\_\_

Invoice

Description of expenditure	Amount	Attached	Comments
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

TOTAL..... \$ \_\_\_\_\_ scanned or faxed invoices acceptable

ADD'L COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Signature of requesting individual: \_\_\_\_\_ Date of Request \_\_\_\_\_

Mail, Fax or Email to: Treasurer: Barbara Dresser, 6 Lighthouse Cove Loop, Carolina Shores, NC 28467 or [barbara@dresser.cc](mailto:barbara@dresser.cc), phone (cell): 704-813-0644

FOR RLI OFFICE USE ONLY: Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check \_\_\_\_\_ Date \_\_\_\_\_  
(rev 08/28/22)