



Mid Atlantic RLI

PA • MD • DE • DC • WV • TN • VA • NC • SC

EVENT EXPENDITURES REIMBURSEMENT

Name: _____
PRINT

Address: _____
_____ Zip Code _____

Telephone: (_____) _____

Email: _____

RLI EVENT NAME: _____ EVENT

DATE: _____ EVENT DISTRICT: _____

Description of Expenditure	Amount	Attach Inv	Comments
Venue _____	\$ _____	_____	_____
Food Expenses _____	\$ _____	_____	_____
Supplies _____	\$ _____	_____	_____
Other _____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

TOTAL..... \$ _____ Scanned 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, phone (cell): 704-813-0644

FOR RLI OFFICE USE ONLY: Paid _____ Amount _____ Check _____ Date _____

(Approved 01/10/25)