



# District 7305 Reimbursement Request

From \_\_\_\_\_ Date \_\_\_\_\_

Club \_\_\_\_\_ Phone \_\_\_\_\_

Committee/Authorizing Officer \_\_\_\_\_

Description / Comments / Cost

**Total** \$ \_\_\_\_\_

Check payable to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation for Reimbursement Payment:

\_\_\_\_\_ Invoice attached \_\_\_\_\_ Receipts attached

Signature \_\_\_\_\_

Date

Send request to: Bill Blaney, District Treasurer  
280 A New Salem Road  
Uniontown, PA 15401

\_\_\_\_\_  
Cell: 724-322-5949

[billblaney@gmail.com](mailto:billblaney@gmail.com)

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### To be completed by District Treasurer

Date received \_\_\_\_\_

Date entered \_\_\_\_\_

Date check issued \_\_\_\_\_

Check number \_\_\_\_\_

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