



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: Dan Kravetz, District Treasurer
134 Elm Dr.
Trafford, PA, 15085
gdkravetz@gmail.com

To be completed by District Treasurer

Date received _____ Date entered _____

Date check issued _____ Check number _____
