

Junior Hospitality Club, Inc.
Post Office Box 20393
Oklahoma City, OK 73156

Reimbursement Request Form

Date: _____

Check payable to: _____

Address
(include City, State, Zip): _____

Explanation: _____

Committee to be charged: _____

*G/L Code-to be
determined by
treasurer*

Postage:	\$ _____	_____
Supplies:	\$ _____	_____
Printing:	\$ _____	_____
Gifts:	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total Amount Due:	\$ _____	_____

Requested by: _____

BOD Chair signature: _____

President's signature if over
\$100.00: _____

Please attach all receipts and supporting documentation to this form and submit to the
Treasurer for payment.