

Office Use Only
Accounting _____
PAC _____

## MONTGOMERY COUNTY REPUBLICAN WOMEN

### Request for Reimbursement

For expenditure reimbursement:

1. Fill out this form completely and give it to the Treasurer. For questions, contact the Treasurer, Lory Kaye, at [lkaye@consolidated.net](mailto:lkaye@consolidated.net) or call 936-223-1219
2. Please circle the amount to be reimbursed on the receipt and attach it to this form.

Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Committee: \_\_\_\_\_

Office: \_\_\_\_\_

Ultimate Payee: \_\_\_\_\_

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

Purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Submitted by: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Check # and Amount: \_\_\_\_\_

**PLEASE DO NOT FORGET TO ATTACH RECEIPTS**

**Reimbursement Request must be submitted by December 1, 2020**

**Reimbursement Request after December 30, 2020 are considered an in kind donation.**

Receipts need to show month, day, and year. Contributions are not federal tax deductible as charitable contributions. Corporate Contributions are not permitted.