

NORFOLK LIONS CLUB AMBULANCE

EXPENSE/REIMBURSEMENT REQUISITION FORM

PLANNED EXPENDITURE: _____ REIMBURSEMENT: _____ ATTACH RECEIPT OR DOCUMENTATION TO BACK
 (Check One Option)

Amount: \$ _____ Date Submitted: _____ Submitted By: _____

Pay to: _____
 (Name and Address)

Explanation of Request: _____

Budget Category ()	Equipment	Supplies	Maintenance	On-Going	Other
Administrative					
Building, General					
Garage					
Bathrooms, Kitchen/Laundry					
Canteen					
Communications					
Radios					
Website					
Fund Raiser Activity					
Annual Appeal					
Other					
Medical					
EMS Charts					
Oxygen					
Other					
Meetings—Member					
Meetings—Interagency					
Office					
Miscellaneous					
Postage					
Other					
Public Relations/Publicity					
Training					
Uniforms					
Vehicle					

Approved/Not Approved by: _____
 (Circle One) (Name and Date) (If Not Approved, Attach Explanation)

Date Paid: _____ Check No: _____ Balance in Line Item Account: _____

Reimbursement requests must be submitted within 30 days of purchase.