



# Reimbursement Request Form

Walk Location \_\_\_\_\_

Date Submitted \_\_\_\_\_

Prepared By \_\_\_\_\_

Contact Number \_\_\_\_\_

**VENDOR INVOICE**  
*Receipts Must Be Attached*

Expense Paid	Vendor	Amount
Permits/License		
Table and Chair Rentals		
Park Rental Fees		
Police/Security		
Sound/DJ		
Office Supplies		
Portable Toilets		
Print Charges		
Signage		
Postage		
Other _____		
Other _____		
Other _____		
Other _____		
Total Amount Requested \$		

Make Reimbursement Check Payable to: \_\_\_\_\_

**Mail To:**  
Name: \_\_\_\_\_

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

By signing below, I confirm that the above reimbursement request is accurate and that any items purchased were for approved Walk from Obesity expenses, per the Walk Planning Guide.

Signature (Same as Prepared By): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**RETURN TO: TREO Foundation** 14260 W. Newberry Road, #418, Newberry, FL 32669-2765



**TREO Foundation**  
14260 W. Newberry Road, #418,  
Newberry, FL 32669-2765  
Tel: 352-332-9100

[WalkfromObesity.com](http://WalkfromObesity.com)