

# CHECK/EXPENSE REIMBURSEMENT REQUEST FORM



Walk Location: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Vendor Invoice

*Receipts Must Be Attached*

Expense Paid	Vendor	Amount
Permits/License		
Equipment Rental		
Park Rental Fees		
Police/Security		
Entertainment		
Office Supplies		
Flyers		
Copy Charges		
Advertising Charges		
Postage		
Misc.		
Misc.		
Misc.		
Misc.		
Total Amount Requested \$		

Make Reimbursement 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.

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

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

Return to:  
**ASMBS Foundation | 100 SW 75th St. | Suite 201 | Gainesville, FL 32607**  
**Fax: 352.331.4975**

