



# 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		
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:** ASMBFS Foundation, 100 SW 75th Street, Suite 201, Gainesville, FL 32607



**ASMBFS Foundation**  
100 SW 75th Street, Suite 201, Gainesville, FL 32607  
Tel: 866-471-2727 | Fax: 352-331-4975  
info@asmbsfoundation.org | www.asmbsfoundation.org

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