



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: 866-471-2727

WalkfromObesity.com