

# Reimbursement Request

Earl Anderson Marine Corps League Detachment 342

YOUR NAME:	PHONE:
PROJECT/CATEGORY:	
DATE SUBMITTED:	DATE MAILED:
REASON FOR REIMBURSEMENT:	
<input type="radio"/> INCLUDED IN ANNUAL BUDGET	<b>or</b> <input type="radio"/> APPROVED AT MEETING DATE:
CHECK PAYABLE TO:	DOLLAR AMOUNT:
FULL ADDRESS (your check may be mailed to you):	

**Receipt(s) totaling the amount of reimbursement must be included.**

APPROVED BY PAYMASTER:	DATE:
APPROVED BY COMMANDANT:	DATE:

FOR PAYMASTER'S USE ONLY: Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_

**SEMPER FI!**