

Expense Reimbursement and Check Request Form HMA – AREA I

Date _____ Amount _____

Please Pay To: _____

Address: _____

City: _____ State: _____ Zip: _____

Please fill in all requested information and mail or email to Cheryl Harger at:

24 Pond Meadow Rd

Ivoryton, CT 06442

Email: treasurer.area1@handbellmusicians.org

Include all original receipts (or scans of the same if emailing) for each expense item. Expenses should be submitted within 45 days of the date they were incurred or of the event/meeting date. Requests will be processed within 15 days of receipt.

Description (Itemize, including event name)	Amount	Budget & Line Item Account to Charge
Total		

(Treasurer Use Only)

Approved by _____ Date _____

Chair approval if over \$500 _____ Date _____

Date Paid _____ Check Number _____