



Monitor Lodge #218  
Sacramento, California

**REIMBURSEMENT REQUEST**

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

Amount: \_\_\_\_\_

Pay to: \_\_\_\_\_

**Description**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

FUND TO CHARGE TO: \_\_\_\_\_

\_\_\_\_\_  
**REQUESTOR'S SIGNATURE**

Authorized by: \_\_\_\_\_

Paid check #: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Receipts MUST be attached to request for reimbursement.**

Please submit reimbursement request at Business meeting or mail/email to Monitor's Financial Secretary. Refer to current Monitor directory for name and address of our Financial Secretary.