

Oscar Joel Bryant Foundation Expense Record Request for Reimbursement

Date: _____

Date of Purchase	Description	Quantity	Price	√

Total:

Original Receipt(s) attached.

This Form is not a substitute for original receipts. Every effort shall be made to provide the original receipt for all reimbursements. In the event the original receipt is Lost or Mutilated beyond legibility, you shall request a duplicate receipt. Should that effort fail all request for reimbursement without receipts must be approved by the Board of Directors.

Reimbursement requested by: _____

*****TO BE COMPLETED BY TREASURER*****

Date received: _____ Submitted by: _____

Board of Directors **Approved** **Rejected** reimbursement.

Reimbursement Check# _____ Date _____ Amount \$ _____