



# Greater Hansville Community Center Expense Reimbursement Form



Event or Committee \_\_\_\_\_

- Include a brief description of each expense
- Attach a receipt, numbered, to match each expense item
- Forward completed, signed form and receipts to GHCC, PO Box 133, Hansville, WA 98340
- Expect to receive reimbursement within 14 days

1.		\$ _____
2.		\$ _____
3.		\$ _____
4.		\$ _____
5.		\$ _____
6.		\$ _____

Total     \$ \_\_\_\_\_

I certify that these expenses are actual and reasonable expenses incurred by me on behalf of Greater Hansville Community Center.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Event/Committee Chairperson or Board Member Approval

Name \_\_\_\_\_ Signature \_\_\_\_\_