HRA Expense Reimbursement Form

Event: _____

Date/Period: _____

Event Expenditures:

Date	Store Name	Description (Food, Supplies, Gasoline, Repairs, etc)	Amount Paid By Volunteer For Reimbursement

Total Reimbursement Requested _____

Instructions:

1 Indicate the event for which the expenditure occurred, i.e. "Frogtown regatta", "Toledo regatta", "silent auction", etc.

2 Indicate the date of the event, or the period during which the expenses were paid, i.e. "09/24/11", "Sept 16-23", etc.

3 For each expenditure, list the date purchased, store name, purchase description, and amount to be reimbursed.

4 Include original (or legible photocopies of) receipts with this reimbursement request form. (Paperclips preferred to staples.)

5 If a receipt includes both HRA and personal expenditures, please ***indicate clearly the items to be reimbursed*** *by HRA. and include only the HRA portion on this form.*

6 Indicate below the name and mailing address of the person to whom the reimbursement check should be made payable.

7 Mail, email or deliver this form and receipts, per one of the following methods:

A Mail to:

HRA Treasurer
PO Box 131428
Ann Arbor, MI 48113-1428

B Scan and email to the HRA Treasurer, currently David Haffey

haffey@haffeycpa.com

C ***During active fall and spring seasons only*** *, deliver into the drop box at the boathouse.*

Make Reimbursement Check Payable To:

Name _____

Street Address _____

City, State, Zip _____

Please Note *: Reimbursement is subject to verification by and approval of the applicable committee/event chairperson. Requests submitted after ninety days following the completion of a season will not be considered.*