

Houston Alumnae Association Reimbursement Request Form



Date: \_\_\_\_\_  
Office for Expense: \_\_\_\_\_  
First & Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Description of Event/Purpose of the Charge:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*NOTE: Any money spent beyond the approved budget for the Office must be approved by the Executive Board.*

Attached receipts and/or invoices to this form. Failure to attached receipts will result in no payment. Pictures of the receipts is accepted. Once completed, email the completed form with receipts to [treasurer@ztahouston.org](mailto:treasurer@ztahouston.org). Please allow for 2 weeks to review the expense request and issue reimbursement.

FOR OFFICE USE ONLY

Date Received:	
Check Number:	
Remainder in Budget:	