Reimbursement Form

Please fill out the form and email to treasurer@yara.ca **with a copy of the itemized receipts.**

Date _____

Budget category _____

Approved Motion Date _____

Submitted by _____

Phone _____

Email _____

Send check to _____

Address _____

City/State/Zip _____

Description of purchase	**Amount**
Total	

Treasurer use only

Check number _____ **Amount** _____ **Date** _____

Budget category _____