

# Tri-County Bicycle Association Expenditure Reimbursement Form



CATEGORY	EXPLANATION (attach receipt)	AMOUNT
Postage		
Telephone		
Meal/Food		
Mileage		
Copies		
Printing		
Other (specify)		
	<b>TOTAL TO REIMBURSE:</b>	

**From:** \_\_\_\_\_  
(signature of person to be reimbursed)

**Name Printed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Treasurer's use only:**

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_ Account: \_\_\_\_\_