

## BROOKLYN ACTION CORPS REIMBURSEMENT REQUEST

Requester Name: \_\_\_\_\_

Project Category: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

Included in Annual Budget: Yes ☐ No ☐ Approved at BAC Meeting \_\_\_\_\_

Budget Account Number: \_\_\_\_\_

Date: \_\_\_\_\_ Amount \_\_\_\_\_

**The amount of reimbursement needs to be accompanied by receipts in the amount requested.**

If this request is from a meeting, a summary or minutes of the meeting need to accompany request.

Treasurer use:

Method of payment \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

Notes: