



PARDOE SPORTSMEN'S ASSOCIATION

EXPENSE REIMBURSEMENT FORM

State Purpose of Expense

Description	Cost Per Unit	Number of Units	Extended Cost

Total Cost of Expense \$ _____

Member signature

Printed name

Date

RECEIPT MUST BE ATTACHED TO RECEIVE REIMBURSEMENT

Mail with invoice/receipt to: P.O. Box 228 Grove City, PA 16127

To be completed Treasurer

Date Received	Date of Reimbursement	Amount Provided	Check Number

Treasurer signature

Printed name

Date