



REQUEST FOR REIMBURSEMENT

DATE: \_\_\_\_\_ MEMBER NAME: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

COMMITTEE CHAIRMAN: \_\_\_\_\_

MAKE CHECK PAYABLE TO THE ORDER OF: \_\_\_\_\_

MAILING ADDRESS (where check is to be sent): \_\_\_\_\_

Original receipt(s) must be presented to PLGC Treasurer within 30 days of receipt date, attached to this request and approved by Committee Chairman before payment.

DATE	AMOUNT	VENDOR	DESCRIPTION

Approved by Committee Chair: \_\_\_\_\_  
Signature Date

Please keep one copy for your records and mail a completed form and original receipts/invoices to the PLGC Treasurer at:

Pat Minnigh  
25345 Shelby Court  
Millsboro, DE 19966

----- To Be Completed by Treasurer -----

CHECK # \_\_\_\_\_ CHECK AMT. \_\_\_\_\_ DATE \_\_\_\_\_

CHECK SIGNED BY: \_\_\_\_\_