



EXPENSE REIMBURSEMENT FORM (01/2012)

Officer/ Chair Authorizing Reimbursement: \_\_\_\_\_

Position: \_\_\_\_\_

Payee: \_\_\_\_\_ tel. no. ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Check Appropriate Committee:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Administration (Board, general) | <input type="checkbox"/> Emporium   |
| <input type="checkbox"/> Autocross                       | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Challenge                       | <input type="checkbox"/> Programs   |
| <input type="checkbox"/> Club Race                       | <input type="checkbox"/> Rally      |
| <input type="checkbox"/> Community Service               | <input type="checkbox"/> Social     |
| <input type="checkbox"/> Concours                        | <input type="checkbox"/> Tour       |
| <input type="checkbox"/> Drivers Education               | <input type="checkbox"/> Website    |
| <input type="checkbox"/> Other _____                     |                                     |

Event Date (if applicable): \_\_\_\_\_

Itemized Expense Listing: (Please attach all original receipts. No photocopies please.)

---

---

---

---

---

---

---

---

---

---

Submit to CVR Treasurer:

Total Amount \$ \_\_\_\_\_.

Dick Kretz  
77 Deepwood Dr  
Avon, CT 06001  
Email: cvrtreasurer@cvrpca.org