



EXPENSE REIMBURSEMENT FORM (4/2016)

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:

Don Phelan
24 Hammersmith
Avon, CT 06001
Email: cvrtreasurer@cvrpca.org

Total Amount \$ _____.