

BCITSA Clubs Reimbursement Form

Cheque # _____

Date:

Club Name:

Name of person being reimbursed:

Cheque to be:

- Mailed – Please provide complete address:**
- Pick Up – Please provide your email address:**

Date	Amount	Description (Provide as detailed as possible what is it for/ event/ how many/ purchase from/etc)
Total		

Processed by:

Name:

Name:

Position in the Club:

Position in the Club:

Email:

Email:

Signature:

Signature: