Expense Reimbursement Request

Fill out the form below completely.
All receipts should be attached to the form and emailed to **treasurer@asdsc.org.**

Date submitted _____

Submitted by _____

Phone _____

Email _____

How purchased ***HH Debit Card ending in :*** _____

General Debit Card ending in: _____

Other: _____

Send payment to:
Street _____

City/State/Zip _____

Description of Expense	**Date**	**Amount**
	Total	

Treasurer use only

Check number _____ **Amount** _____ **Date** _____

Budget category _____