

**C. R. E. C. H. E.**  
**Request for Reimbursement of Funds**

Name \_\_\_\_\_

Date \_\_\_\_\_

Reason for Reimbursement

---

---

---

---

Receipt(s) Attached: Yes

No; itemized explanation below.

**Items (s) purchased**

**Cost + Tax**

Sub-total	
Total	

Approved: \_\_\_\_\_

Submission of this form is for explanation of reimbursement only. It guarantees no contract of services, monies earned, nor monies owed. Subject to approval by Chapter Coordinator and Treasurer.