

**PAYMENT/REIMBURSEMENT FORM**

Date: Amount Due: $

Submitted by: Phone #

Email:

Make Check Payable to:

Should we leave the check in the FOX box?

Or mail to:

Name:

Address:

City: State: Zip code:

Please designate what expense category to designate this item for:

Description of Expense:

Please attach the original receipt(s) to the back of this form and place it in the FOX box.

For Treasurer’s Use Only

Date Paid: Check #: