

**Samish Island Community Center, Inc.  
Expense Reimbursement Request**

I certify that I have incurred the following expenses on behalf of Samish Island Community Center, Inc., and hereby request reimbursement from the Treasurer:

Date	Description	Supplier	Amount
		<b>Total</b>	

Originals or copies of relevant receipts, invoices or other documentation are attached.

Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Treasurer's Notes: Date paid: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

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Treasurer's Notes: Date paid: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_