

____ Conroe Bargain Box, Inc.

____ Conroe Service League

Check Request or Reimbursement
ALL RECEIPTS MUST BE ATTACHED

Check Made To: _____

Requestor: _____

Telephone: _____ Email: _____

Date of expenditure: _____

Committee Name: _____

Approved by Committee Chairman: _____

List Expenditures: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenditures \$ _____

Signature: _____ Date: _____

PLEASE note that any sales tax on your receipt **WILL NOT** be reimbursed. If you need a Tax Exempt Certification form for your purchase, ask the Treasurer to provide one. ***Reimbursements will not be made without this form attached to your receipts.***

Approved by Treasurer: _____

Approved by President or Vice-President _____