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FOUNDATION, INC.

REQUEST FOR REIMBURSEMENT

Complete the information below and submit to the Treasurer.

Brenda Williams: P. O. Box 12346, Columbus, GA 31917

Request must be signed and authorized by the Committee Chair.

ALL RECEIPTS MUST BE ATTACHED.

Date of request _____

Person Requesting _____

Make Check Payable to _____

AMOUNT _____

Purpose _____

Authorized Signature _____

Name of Volunteer Committee _____

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-TREASURER'S USE ONLY-

Date Check Issued _____ Check # _____

Signature of Treasurer _____

COMMENTS _____
