

# Jackson Chapter Expense Reimbursement

Chapter Volunteer:			Date Submitted:
Credit Union			
Address			
City, State Zip			

Check will be remitted to address above

**Remit To:**  
 Tina Hamilton  
 Michigan Community  
 Credit Union  
 1425 Parnall Rd  
 Jackson, MI 49201

Business Purpose:

**Itemized Expenses:**

*Use additional forms as needed.*

DATE	DESCRIPTION	COST

SUBTOTAL	\$	-
Less Cash Advance		
<b>TOTAL REIMBURSEMENT</b>	<b>\$</b>	<b>-</b>

**Don't forget to attach receipts!**

**Items for Deposit:**

DESCRIPTION				
DATE	Collected From	Reason / Sponsor Level	<i>Chapter Fund*</i>	Amount
Total			\$	-

\_\_\_\_\_  
**Chapter Volunteer Signature**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Approval Signature**

\_\_\_\_\_  
 Date

*\* = To be filled out by chapter representative.*