Elmwood-Murdock Merchants Association (EMMA) Expense Reimbursement

			<u> </u>	
Member Name				
Member Email				
Member Address		Elm		
Member Phone		Elliv	vood lockmerchants	
Date of Request		Murc	ASSOCIATION	
Expense Date	Expense Description (including event for which expense w		Expense Amount	
			22.25.0 3.15.0 20.15.0 20.15.0	
			20 30 30 30 30 30 30 30 30 30 30 30 30 30	
75 75 75 75 75 75 75	Total Expenses			
	Total Reimbursement Requested			
ignature:		Date:		
uthorized By:		Date:	Date:	
EMMA Treasurer Use Only:				

Amount Paid Check No. Date

Use this form to request reimbursement of personal expenses incurred on behalf of EMMA. Complete form and submit to EMMA Treasurer with copies of receipts substantiating each expense.