

Edison Tai Chi Club
REIMBURSEMENT AUTHORIZATION

Please complete and attach receipt for payment of cost. **Without verification of cost reimbursement will not be made.** Please submit to Club executive for final approval. Club executive will submit to Treasurer.

Applicant name: _____

If the cost is for a performance, please fill it up as following:

Participants: _____

Date: _____ **Location:** _____

Event Title: _____

Brief Description of Cost Incurred:

Attached Please Find:

_____Expense receipt

Applicant's Signature

Date

To Be Completed by the Executive:

Total Amount: _____

Reimbursed at: _____ %

Total Amount to be paid to Applicant: _____

Approval -Executive's Signature

Date