

MOUNTAIN LAUREL SKIERS, INC.
Bill Payment / Expense Reimbursement Request and Approval Form

Event/Committee Name: _____ Event/Committee Chairperson: _____
 Check Payable to: _____ Date Submitted: _____
 Payee Address: _____ Total Amount: \$ _____

Complete the section below to itemize expenses and be sure to attach receipts. Requests are to be submitted within 45 days of the event. Complete this form in its entirety, with special attention given to the payee name and mailing address. Thank you for your cooperation.

EXPENSE DESCRIPTION:	AMOUNT
1. _____	\$ _____
2. . _____	\$ _____
3. . _____	\$ _____
4.. _____	\$ _____
5. . _____	\$ _____
6. . _____	\$ _____
7. . _____	\$ _____
8. . _____	\$ _____
9. . _____	\$ _____
10. _____	\$ _____
TOTAL	\$ _____

Use the other side to continue itemization if needed.

For reimbursement, submit in person or by mail a completed form with all receipts attached to Rick Sullivan, 10 Cobblestone Road, Burlington, CT 06013

All checks will be mailed directly to payee and may take five business days to be received after being processed.

President Approval Signature: (up to \$300) _____ Date: _____
 Board Approval Date: (\$301 - \$600) _____
 Membership Approval Date (>\$600) _____

FOR TREASURER ONLY:

Date Paid: _____ Paid By: RS EC KL
 Check # /Ref #: _____ Payment Method: Online Handwritten