



Check #

Check / Reimbursement Request Form

Beta Alpha Psi - Delta Gamma Chapter

Name of Purchaser: _____

Related Event or Committee: _____

Date of Purchase: _____

Description of items purchased:

Item Description	Item Price	Taxes Paid	Total Price

Please note that you will not be reimbursed for taxes on any purchase greater than \$20.00. Please obtain a copy of the Tax Exemption form from the Treasurer, the Beta Office, or Blackboard before making purchases that have an estimated tax exceeding \$20.00.

Reimbursement Requested: _____

Is the Receipt of purchase attached? (Circle one): **YES** **NO**

The following is to be completed by the committee chair:

I agree to the above amount and the reason(s) stated. I have obtained a copy of this reimbursement report for my own records.

Purchaser's Signature: _____

Committee Chair Signature: _____

Treasurer Signature: _____

Phone Number: _____