



EXPENSE REIMBURSEMENT REQUEST

*Completion of this form is required for payment or reimbursement of expenses.
Only approved expenditures will be reimbursed. Please **attach all receipts.***

Name				Amount Requested	\$		
Organization				Purpose of Expense: <hr/> <hr/> Category: Equipment ___ Food ___ Marketing ___ Supplies ___ Travel ___ Postage ___ Rental ___ Other: _____			
Mailing address							
City							
State		Zip					
Phone							
Email							
Make check payable to:							
Signature				Date			
APPROVALS							
Approved		Disapproved		Date			
Approver Name							
Approver Title							
Questions? Call 541-961-7696 Upon approval, mail completed form to: CHA Treasurer, P.O. Box 504, Newport, OR 97365 or E-mail to info@newportcelticfestival.com							
Date Received:		Check No:		Date Paid:			