NORTHERN VIRGINIA BEAD SOCIETY
REQUEST FOR REIMBURSEMENT

To: Marilu Del Carpio, Treasurer

From:

Date:

Pease reimburse for the following expenses:

DATE	COMMITTEE/ACTIVITY	DESCRIPTION	AMOUNT
		TOTAL	

Attach corresponding receipts, originals if possible.

Please, make check payable to: …….. , and mail it to the following address ……

_____
Signature