

The Labyrinth Society Expense Reimbursement Form

If you have made incurred expenses on behalf of The Labyrinth Society, please complete this form, attach receipts and submit it for reimbursement to:

David House, Treasurer, <extant@emanse.com>
The Labyrinth Society, 13 Lincoln Laurel Road, Blairstown, N.J. 07825

Name of Payee: _____

Address for sending
reimbursement: _____

Phone and/or e-mail contact: _____

If this expenditure is over \$50, has a member of the Executive Committee pre-approved it?

If so, whom: _____ Total Amount Requested for Reimbursement: _____

Signature of Payee Date

For Treasurer's Use Only:

Date of Check _____ Check # _____ Amount of Check _____

Expense Account _____ Amount _____

Expense Account _____ Amount _____

Any Non-reimbursement Amounts _____

Total of Expenses _____