

**GLIDE COMMUNITY CLUB
Reimbursement or Payment Request**

Name _____ Date _____

For reimbursements: Please describe with: date, store name, item, what it was for. Attach receipts. If the receipt is not available, please explain why.

For other payments: Please describe with: what was done, number of hours (if hourly).

Shaded areas will be completed by the treasurer.

| Date | Description | Amount | Notes |
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| TOTAL AMOUNT REQUESTED | | | |

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| <p>FOR TREASURER'S USE:</p> <p>Date _____ Check # _____ Amount \$ _____</p> <p>Written by _____</p> | <p>IF APPROVAL NEEDED:</p> <p>Approved by: _____</p> <p>Date _____</p> |
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