



Alamo Area Square and Round Dance Association



2018 - 2019 REIMBURSEMENT REQUEST FORM

DATE: _____

NAME: _____

ADDRESS: _____ CITY: _____ STATE: TX ZIP: _____

TELEPHONE: _____ OFFICE/POSITION: (Secretary / Delegate) _____

| | <u>ITEM</u> | <u>DATE</u> | <u>AMOUNT</u> |
|----|-------------|--------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |
| | | TOTAL | _____ |

1. Submit a SEPARATE for each activity.*
 2. Make a request for payment PROMPTLY after each activity.
 3. SIGNED RECEIPTS MUST BE PROVIDED BEFORE PAYMENTS WILL BE MADE.
 4. Submit all requests for payment within 30 days of date on receipt.
- Activities: Association Business, Newsletter, Fiesta, State Meetings, Publicity, Etc.

Signature: _____

Mail to:

Butch Hayes
 AASRDA Treasurer
 330 Elmhurst Ave.
 San Antonio TX 78209-6608

For Use By Treasurer:
 Check No. _____
 Check Date: _____