

# Route 66 Parrot Head Club Expense or Reimbursement Claim Form

Person(s) requesting payment: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Event or Purpose: \_\_\_\_\_

Type or Payment:    \_\_\_ Expense  
                          \_\_\_ Reimbursement

Items being paid:    1. \_\_\_\_\_  
                          2. \_\_\_\_\_  
                          3. \_\_\_\_\_  
                          4. \_\_\_\_\_  
                          5. \_\_\_\_\_

Where items were purchased: \_\_\_\_\_

**\*The receipt must be attached to this form to receive payment**

<p>For Board of Director Use Only</p> <p>The above items were reviewed by the CCPHC Board of Directors: Approved/Declined</p> <p>Amount reimbursed: \$ _____ Check Number: _____</p> <p>Signature of Treasurer: _____</p> <p>Signature of Board Member: _____</p>
---