

# ASC Funds Reimbursement Form

Date \_\_\_\_\_ Name \_\_\_\_\_

ASC Position \_\_\_\_\_ Committee \_\_\_\_\_

Store(s) Purchased:	Date on receipt:
Items:	
	Total \$ Amount:

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Treasurer Initials: Welfare \_\_\_\_\_ (or) Social \_\_\_\_\_