



Reimbursement Information

Name	
Date	
Budget Category	
Short Description	

Expenses

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Reimbursement Method

<input type="checkbox"/>	Zelle	Phone Number / Email:	
<input type="checkbox"/>	Check	Mailing Address:	
		Phone Number:	

Submission Instructions

Attach receipts to this form to make a combined PDF, then email to treasurer@ascemlab.org with subject "Reimbursement Request - Short Description: \$Amount"

File Name: *Date - Budget Category_Short Description_Name_ \$RoundToNearestDollar*
 Example: *2025.03.15 - Professional Development_EWeek_JohnDoe_ \$104*

Treasurer Use Only			
Date	Method	Amount	Initial