

# Chicktime Expense Reimbursement Form

<b>Name:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>e-mail:</b>	
<b>City/State/Zip:</b>		<b>Chapter:</b>	

Date	Vendor	Amount	Reason/Event
Total to be reimbursed:		\$	

By completing this form I certify that all expenses listed above were incurred for the benefit of the charities I serve through Chicktime and I am requesting reimbursement of my expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Mail, e-mail or fax a copy of this form along with all receipts to:

Chicktime, Inc.                      Phone: 830-456-5334  
 1020 Allen View Drive              Fax: 830-899-4212  
 New Braunfels, TX 78132          e-mail: info@chicktime.com

<b>FOR OFFICE USE ONLY</b>
Date processed:
Check #:
Received by: