

## NCSB Reimbursement/Deposit

Please complete this form, attach your receipts and send to: NCSB PO BOX 2343 North Canton, OH 44720. All reimbursement requests are to be turned in to the Treasurer Elect within 30 days of the expenditure. If submitting checks for a deposit please indicate committee/event applicable.

Committee \_\_\_\_\_ Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Expenditure: \$ \_\_\_\_\_

Check to be Payable to: \_\_\_\_\_

(Please include Name, \_\_\_\_\_

Address, and Zip Code.) \_\_\_\_\_

OR

Amount of Deposit: \$ \_\_\_\_\_

-----Portion below to be completed by the Treasurer -----

Check No. \_\_\_\_\_ Date Paid \_\_\_\_\_

Notes: \_\_\_\_\_

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Phone: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Expenditure: \$ \_\_\_\_\_

Check to be Payable to: \_\_\_\_\_

(Please include Name, \_\_\_\_\_

Address, and Zip Code.) \_\_\_\_\_

OR

Amount of Deposit: \$ \_\_\_\_\_

-----Portion below to be completed by the Treasurer -----

Check No. \_\_\_\_\_ Date Paid \_\_\_\_\_

Notes: \_\_\_\_\_