

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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Check No. _____ Date Paid _____

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