

COUNCIL OF



ORLANDO MUSEUM OF ART

MEMBER EXPENSE REIMBURSEMENT FORM

Name: _____ Date Submitted: _____

Indicate Fundraiser/Project:

_____ Art In Bloom	_____ Festival of Trees
_____ Administrative	_____ Hospitality
_____ Annual Meeting	_____ Other: _____

Committee: _____

Purpose of Expenditure: _____

Sponsorship (if applicable): _____

Title of Item (if applicable): _____

EXPENDITURES

Description of Expenditure	Vendor	Amount

Total Expenditures: \$ _____

Less Sales Tax: \$ _____

Reimbursement Amount: \$ _____

Authorization: _____

**No checks will be written without authorization.*

Remit Payment to: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Signature: _____

By signing this document, you acknowledge that Sales Tax will not be reimbursed, except for extraordinary circumstances.

ATTACH ALL ORIGINAL RECEIPTS FOR EXPENDITURES

Submit to: Council of 101
 Orlando Museum of Art Lee Nimkoff, Treasurer
 2416 North Mills Ave. Orlando, Florida 32803-1483
 (407) 896-4231 ext. 254 Email: councilof101@omart.org

Accounting Use Only

Date Paid: _____

Check Number: _____

Account Posted: _____