COWTOWN
delta delta delta

Ft Worth Tri Delta Alumnae Chapter Expense Reimbursement Form

Event Title: _____ Event Date: _____

Your Name: _____

Your Telephone: _____

Your E-mail: _____

Street Address: _____

City and ZIP Code: _____

Committee: _____

Item	Purpose	Amount ($)

Total Amount Requested: _____

Make check payable to: _____

Please attach COPIES of all receipts or invoices to this form and submit to:

Lea Payne
4001 Monticello Drive
Fort Worth, TX 76107

Or by E-mail: leampayne@gmail.com

Cell: 817-266-2049

When approved, a check will be mailed to you at the address provided above.

By my signature, I certify that expenses incurred and reimbursement due have been accurately recoded and that all other information is correct.

_____

Signature Date