Bethlehem

Special Olympics Pennsylvania

REQUEST FOR REIMBURSEMENT

Name: _____ **Date Submitted:** _____

Address: _____

_____

Date	Sport, Program, or Event	Description of Expenditure	Amount
		TOTAL	

Mail to:
Treasurer
Bethlehem Special Olympics
P.O. Box 536
Bethlehem, PA 18016

Date Paid: _____ Check Number: _____

Note: This form must be submitted to the Treasurer for audit purposes. Proof of expenditure or conference/event attendance (i.e., receipts) must accompany this form.