



# Barrow County CERT, Inc.

## Expense Re-Imbursement Request Form

This is a request for re-imbursement of an authorized expense incurred on behalf of Barrow County CERT, Inc.

Section Chief Member Signature

Member:

Date Submitted:

Date Paid:

Amount Paid:

Item	QTY	Item Description	Purpose	Date	Amount	State Sales Tax	Total Paid
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

**Instructions:** Complete all information, except for "Date Paid" and "Amount Paid". Total columns and sign. Date form and print your name at top. Attach receipts and have form signed by section chief. Submit completed form to team treasurer.

<b>Total:</b>	\$	-	\$	-	\$	-
Treasurer Signature						

Check Number: \_\_\_\_\_