



EASTERN MICHIGAN COUNCIL



2020 Request For Reimbursement/Payment

Name: _____

Make Check Payable To: _____
(If different than above)

ITEM/SERVICE	COST

Total Expense(s): _____

Do you have a receipt or invoice for expenses? Check one: ☐ YES ☐ NO

Please staple copies of all receipts & invoices to the back of this sheet.

If no receipt or invoice, please provide detailed explanation for expenses below:

Signature: _____ Date: _____

Treasurer's Use:

Date Paid _____ Check # _____ Check Amount _____