



St James Pickleball Association

Reimbursement of Expense Request for Advance of Funds

Date: _____

Name of Volunteer: _____

Amount Requested: _____

Committee and Purpose for expenditure: _____

Volunteer's Signature: _____

Date: _____

Committee Chair approval: Yes ☐ No ☐

Approval Signature: _____

Budgeted Item: Yes ☐ No ☐

If No, Board Approval required:

Approval Signature: _____

Amount Received: _____

Reimbursements for approved expense incurred requires proof of purchase. Please attach receipt(s) to this form when submitting a request for reimbursement.

Requests for advances to volunteers for large expenditures must be made in writing, to include documentation of a proposal or estimate from the vender.

By signing and dating above, the volunteer acknowledges receipt of the stated amount received, and that the funds will be used solely for the stated purpose above.

The volunteer must return any refunds, or amounts in excess of the actual expenses incurred within a reasonable period of time—no more than 120 days after receipt of the original advance. Last updated 10/31/2020 ah