SAMOHI BANDS

REIMBURSEMENT FORM

IMPORTANT: Please attach all receipts. **Date:** _____

Name: _____ Student's Name: _____
(Check payable to:)

Mailing Address: _____ Telephone: _____

_____ E-mail: _____

_____

Summary of Expenditure – List expense or purchase by the event and/or item. Please itemize credit card receipts.

Event / Item / Vendor etc.	Reimbursement Amount in $

Total Reimbursement Requested: $_____

Receipts/Request submitted by: _____ _____
(signature) (Print Name)

Please send this form with receipts to: Debra Wong
3101 Purdue Avenue
Los Angeles, CA 90066

Telephone: (310) 390-4992 (home)
(310) 338-5836 (work)
email: DebraW40921@aol.com

SAMOHI BANDS – 637 Ashland, Santa Monica, CA 90405

Check # _____ Check Date _____ Check Total $_____