



### Reimbursement Information

<b>Name</b>	
<b>Date</b>	
<b>Budget Category</b>	
<b>Short Description</b>	

### Expenses

Description	Amount
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

### Reimbursement Method

<input type="checkbox"/> Zelle	Phone Number or Email:	
<input type="checkbox"/> Check	Mailing Address:	
	Phone Number:	

### Submission Instructions

1. Attach receipts to this form to make a combined PDF
2. Email combined PDF to [treasurer@ascemlab.org](mailto:treasurer@ascemlab.org) with subject line: "Reimbursement Request - Short Description: \$Amount"

File Name: *Date - Budget Category\_Short Description\_Name\_ \$RoundToNearestDollar*  
 Example: *2025.03.15 - Professional Development\_EWeek\_JohnDoe\_ \$104*

Treasurer Use Only			
Date	Method	Amount	Initial