Spokane Fly Fishers -- Request for Reimbursement

Date _____ Requested by _____

Description of expense (attach receipts)

Date	Paid To	For	Amount

Total Requested_____

Approved by:_____
Required if not a budgeted item. Under $50.00 may be approved by the President. Over $50.00 must be approved by the Board.

SFF Check Number(s)

Check #	Amount	Budget Category

Paid by:_____