

EBEA PRIDE Event Reimbursement Form

Your Name: _____
please print

Building: _____

Event Name: _____

Date: ____ / ____ / ____

Submitted: ____ / ____ / ____

Signature: _____

DATE	INVOICE #	VENDOR	DESCRIPTION	COST
TOTAL:				\$ -

Date Paid: ____ / ____ / ____ Check #: _____ Account #: _____

***Be sure to attached a clear copy of ALL receipts to this reimbursement form!
 Return to the EBEA office or your PRIDE Chair.***