

# EBEA Social Event Reimbursement Form

Your Name: \_\_\_\_\_  
please print

Building: \_\_\_\_\_

Event Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

DATE	INVOICE #	VENDOR	DESCRIPTION	COST
<b>TOTAL:</b>				\$ -

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 Social Affair Chair.***