



Vero Beach Art Club Reimbursement /Check Request

PLEASE ISSUE A **CHECK MADE PAYABLE TO:** _____

Deliver by: Mail _____ to the Office _____ Other _____

Address (full): Street: _____ City: _____ Zip: _____

Amount: _____

Date needed by (if needed by a certain date): _____

Event to Credit: **CIRCLE ONE** **Bookkeeping Code:** _____

ABTS / AITP / ART TRAIL / AD-MEDIA-PR / BOD MEETING/ GALLERY/ MARKETPLACE / EDUCATION / LIBRARY EXHIBIT / MEMBERS INVITATIONAL / BANNERS / NEW DIMENSIONS/ NEW MEMBER SOCIAL/ GENERAL MEETING / OPEN STUDIO / WORKSHOP / UTO / OTHER

If **OTHER** please detail: _____

Item/s to be reimbursed for: _____

All receipts to be given to the office. **If no receipt, please explain:** _____

Committee Chair Approval: _____

Date: _____