



Vero Beach Art Club

Reimbursement /Check Request

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

Deliver by: Mail _____ to the Office _____ Other _____

Address (if mailed): _____

Amount: _____

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

Event to Credit: CIRCLE ONE

ABTS / AITP / AOTI / ART-TINI / ART TRAIL / BOD MEETING/ LIBRARY EXHIBIT / MEMBERS INVITATIONAL
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: _____