THE PORTLAND CHAPTER OF THE LINKS, INCORPORATED

ACCOUNTING FOR FUND REQUESTS FORM

Name_____ Date _____
Program/Committee_____ Budgeted Amount $_____
Function_____ Available Balance $_____
Account Number _____

EXPENDITURES **AMOUNT**

List below and attach receipt(s)

PRINTING/COPYING_____
POSTAGE_____
TELEPHONE_____
OFFICE SUPPLIES_____
PRINTING_____
SCHOLARSHIP ADMINISTRATION_____
PROGRAM ADMINISTRATION_____
OTHER
(SPECIFY)_____
_____
_____
_____
_____
__

I, hereby certify that the above requested reimbursement is a valid expense and is a part of the budgeted expenditures for this function.

TOTAL $_____

_____/_____
Signature Date

_____/_____
Signature Date

NOTE: Reimbursement is made only to the extent of the budgeted amounts. Overages must be approved by the president prior to the expenditure. All expenditures must be supported by original copies of receipts totaling the requested reimbursement amount.

White copy—Treasurer, Yellow copy— Secretary, Pink copy—Authorized Representative