

Nittany Amateur Radio Club
 PO Box 614
 State College, PA 16804-0614

Expense Reimbursement Request

Please complete the information below, attach supporting receipt(s), and submit the completed form to the Treasurer. If the receipt(s) include non reimbursable personal purchases make sure the NARC expenses are clearly marked and correspond with the amount on this form. If the receipt(s) include personal account numbers redact that information to protect your privacy.

Name: _____ Call: _____
 Address: _____
 City, State: _____
 Phone: _____ Date: _____

Date of Purchase	Vendor	Purpose of Purchase	Amount

Signature: _____

 Treasurer Use Only:

Date Paid: _____ Check #: _____ Initials: _____

How delivered: Hand Mail [Form Board Approved 8/26/2008]