



Reimbursement Form

Payable To: _____

Amount: \$ _____

Description: _____

Category, Committee or Event: _____

Requestor Name: _____

Requestor Address for Check to be Mailed: _____

Committee Chair Name: _____

Committee Chair Signature: _____

President Name: Bonnie Crouch Seipp

President Approval: _____

Mail or email completed Form with copies of Receipts to Treasurer:

Alexis Ehrenhaft, aje47@hotmail.com

2221 Country Club Prado, Coral Gables, FL 33134

Copy to: seipphome@gmail.com

Date Check Issued: _____ Check Number: _____

Payee: _____