



**THE TRI-CITIES METALLIC SILHOUETTE ASSOCIATION**

P.O. Box 4587, Pasco, WA 99302-4587

**Request for Reimbursement**

Item #	Date Incurred	Purpose	Quantity	Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
<b>Total</b>				

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Requestor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Funds Disbursed: \_\_\_\_\_ Check #: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date Disbursed: \_\_\_\_\_