

C-MENT PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name: _____

Position/Committee: _____

Address: _____

City/Zip: _____

Telephone: (____) ____ - _____ Email: _____

Expenditure was for: _____

List Expenditures:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL EXPENSE	\$ _____

Total Amount Claimed From Above \$ _____

Minus Advance Received \$ _____

Reimbursement Claimed \$ _____

Not claimed – Donated to CMENT \$ _____

Signature: _____ Date: _____

Office Use: Check number: _____ Authorized by: _____ Recorded: _____