

Rise Up Arts Reimbursement Form 2022

Requestor Name:

Phone:

Email:

Mailing Address:

City, State, Zip:

Request Date

Itemized Expenses

Attach Receipts. Circle the date & amount on each receipt. For partial receipts, circle Rise Up Arts items & write the total on the receipt

RECEIPT DATE	CODE	DESCRIPTION	AMOUNT

TOTAL

Requestor Signature _____

Approval

Approved By (Name)

Position

Signature

Date

Check Date

Budget Account / Category

Check No.

Amount

--	--	--	--