

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]