

Out-of-Pocket Reimbursement / Donation Form

After filling out the appropriate portion of the form, send a copy of the receipt(s) and the completed form to Roy Brinkerhoff at 284 HC Provo, UT 84602-2400, FAX: 801 422-0537 or scan and email to roy.brinkerhoff@byu.edu. A copy of the receipt(s) is necessary. Please do not send the form alone.

Reimbursement

The chapter's local bank account should reimburse personal expenditures whenever possible. If the local chapter funds are inadequate, fill out this portion.

Name: _____

Address: _____

Chapter Name: _____

Event Name: _____ **Event Date:** _____

Item Purchased	Price of Item	Amount to Reimburse
Total to be Reimbursed:		

Donation

When the out-of-pocket expense is considered a charitable contribution to BYU, complete this portion. A copy of the receipt(s) is necessary.

Chapter Name: _____

Donor's Name: _____

Donor's Address: _____

Donation Amount: _____ **Date of Donation** _____