Greater Cincinnati Orchid Society

Care of: Margaret Cullen, Treasurer
3127 Mapleleaf Ave.
Cincinnati, OH 45213

Request for Reimbursement

Travel:

Date	Description	Miles Driven	Rate per Mile	Parking	Total
	Totals:				

Purchased Items (Attach receipt or scanned copy of receipt):

Date of purchase	
Description of item(s)	
GCOS purpose	
Cost:	

Pay to:

Name:	
Street Address:	
City, State, Zip Code	
Telephone:	
If over $600 and not a reimbursement, Social Security number	

Submitted By:_____ **Date:** _____
Claimant

Approved By:_____ **Date:** _____
Authorizing Officer

Accepted By:_____ **Date:**_____
Treasurer

☐ Input into A/P Check issued #_____ Amount _$_____