



Caroline Co-op Reimbursement Request Form

*****You must receive written authorization from the Board prior to purchasing items for reimbursement.*****

Co-op member name (first and last): _____

Unit: _____

Email address: _____

Phone number: _____

Purpose of expenditures:

Itemized List of Purchases

Attach all receipts to this form

Date	Vendor	Item	Cost
Total Cost			

Member signature: _____ Date: _____

Office use only:

Treasurer signature: _____ Date: _____

Date form received: _____ Date reimbursement issued: _____