



## ***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: \_\_\_\_\_