



Mail to:  
Treasurer  
c/o Cindy Gamwell  
10003 Wildwood Muse Ct  
Charlotte, NC 28273

Questions:  
rcgamwell13@bellsouth.net  
skiser0001@yahoo.com

### Reimbursement Form

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

Date	Description	Total
Total due		

Receipts must be attached to reimbursement form.  
Please fill out this form and present it to one of the following:

- Lindsay DaCosta
- Shannon Kiser
- Dawn Kiss
- Marie Lang

Once a board member has signed off on this sheet, please mail in the following to our treasurer:

- This form
- Receipt(s)
- A self-addressed **stamped** envelope

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_