

## EXPENSE REIMBURSEMENT

**Submit to: Portland Open Studios**

Portland Open Studios  
PO Box 15022  
Portland, OR 97293

**Today's Date:** \_\_\_\_\_

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Total Amount for Reimbursement: \$\_\_\_\_\_

***List items individually & provide brief description. Attach original or copies of receipts.***

Date of purchase	Item	Purpose/Description	\$ Amount	Account # (if known)*

Please add the items & make sure the tally of all items matches the Total Amount for Reimbursement you are specifying above.

*\*Board members are required to specify the appropriate account number per Chart of Accounts.*

Authorized by: \_\_\_\_\_

**Remember to attach the receipt.**

Allow 4-6 weeks to receive your reimbursement check.