



2017 Senior All-Nighter Reimbursement Form

Committee: _____

Committee Chair: _____

Date: _____

Item Purchased: _____ Amount \$: _____

Item Purchased: _____ Amount \$: _____

Item Purchased: _____ Amount \$: _____

Item Purchased: _____ Amount \$: _____

Item Purchased: _____ Amount \$: _____

Item Purchased: _____ Amount \$: _____

Item Purchased: _____ Amount \$: _____

Total Amount to be Reimbursed: \$ _____ Receipts Must Be Attached!

Please fill out below the name and address of the person or establishment that you wish to have this check made out to. Attached all receipts. Return to Holly Case, 4422 E. Sumac Dr., Spokane, WA 99223 509-475-6535.

Check Payee: _____

Address: _____

Committee Chair Signature: _____

Date Paid: _____ Check #: _____