



GDEF EXPENSE REIMBURSEMENT FORM

Today's Date: _____

Fundraising Event (if applicable): _____

Name: _____

Address: _____

Telephone: _____ Email: _____



	Amount of Expense	Description of Expense
Materials/Supplies	\$ _____	_____
Equipment	\$ _____	_____
Phone/Postage	\$ _____	_____
Other (please describe)	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
TOTAL	\$ _____	

Approved by: _____



Please use this form to report any approved purchases you have made on behalf of GDEF, Inc. for which you intend to ask for reimbursement. All reimbursement requests greater than \$10.00 should have the approval of the appropriate director.

Attach copies of receipts. Return completed form to GDEF, Inc., P.O. Box 322, Groton, MA 01450.

You should keep a copy of this form, along with the related receipts, for your own financial records.