Request for Reimbursement

Durham FM Association, Inc.

VOUCHER NO.

Make Check
Payable To: _____

Describe PURPOSE of Payment:
(Repeater Maint/Repair, Hamfest Publicity, etc.)

	Total of Each Sales Receipt Attached
Total Amount of Reimbursement	

Make NO Entires in Shaded Areas.
For DFMA Accounting Use Only.

Invoiced Items	NC Sales Tax	Tax County

5100 Admin	5500 Newsletter	5920 Grants
5200 Repeater	5600 M C U	5950 Scholarship
5300 Hamfest	5700 Field Day	5990 Miscellaneous
5400 Training	5910 Donation	5999 Pass Thru

The above detailed expenditures were incurred by me on behalf of the Durham FM Association. All items have been deliverd to or otherwise utilized for the sole benefit of the Association.

Signature _____ Date _____

Approved by Board _____ Date _____

Tax Reimbursement Recap	
County	Tax
Total	

Distribution	
Code	Amount
Total	

********** Attach Receipt For Each Item Listed. **********