



KLEINE MÜNSTERLÄNDER GROUP NORTH AMERICA

Reimbursement of Expenses

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

If yes is selected for payment via Zelle please circle Phone: or Email: that is associated with the Zelle Account

Event or Reason for Request	Receipt Attached? (Yes/No)	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

IF NO RECEIPT IS AVAILABLE PLEASE EXPLAIN WHY HERE: _____

Would you like the reimbursement made via Zelle? YES NO

FOR CLUB USE ONLY:

TOTAL VERIFIED BY:

Date Request Received: _____

Date Check Issue: _____ Check Number: _____

Please email with copies of receipts to klmgna.treasurer@gmail.com.