



Chi Gamma  
Reimbursement Request Form

Date: \_\_\_\_\_

**Receipt Information**

Date of purchase: \_\_\_\_\_

Place of purchase: \_\_\_\_\_

Total: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Expense account

\_\_\_\_\_  
Authorized by (please print)

\_\_\_\_\_  
Payee (please print)

\_\_\_\_\_  
Authorizer's signature

**Check Disbursement Information**

Date of disbursement: \_\_\_\_\_

Check Number: \_\_\_\_\_

Memo line: \_\_\_\_\_

\_\_\_\_\_  
Treasurer's signature