

Marigold PAC Reimbursement Form	
Name:	Date:
PAC Expense:	

Description of Expenses (attach receipts)			
DATE	STORE	ITEMS	AMOUNT \$
<b>Total Expenses to be Reimbursed</b>			

Please attach all receipts & submit this form to the PAC Treasurer. Please provide the following information for reimbursement:	
Name to appear on the reimbursement cheque:	
Phone #:	

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Name:	Date:
PAC Expense:	

Description of Expense (attach receipts)			
DATE	STORE	ITEMS	AMOUNT \$
<b>Total Expenses to be Reimbursed</b>			\$0.00

Please attach all receipts & submit this form to the PAC Treasurer. Please provide the following information for reimbursement:	
Name to appear on the reimbursement cheque:	
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