



**ALTRUSA INTERNATIONAL INC. OF RICHARDSON, TX  
PO Box 832101  
Richardson Tx 75083-2101**

**REQUEST FOR REIMBURSEMENT**

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Project Name: \_\_\_\_\_

(Please complete a separate form for Foundation and Administration expenses)

**Foundation**

**Administration**

Ability House

Scholarships

Membership Recruitment

Communications: \_\_\_\_\_

Altrusa Days

OWT Luncheon

Membership Retention

\_\_\_\_\_

Elementary

\_\_\_\_\_

Leadership Development

\_\_\_\_\_

Outreach

\_\_\_\_\_

Finance

\_\_\_\_\_

Seniors

\_\_\_\_\_

Strategic Plan

\_\_\_\_\_

International Rltns.

Board Member

ASTRA

Explanation of Expense(s): (Please attach original receipt(s) or invoice(s) to this form)

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

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

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

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

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

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

**Total Reimbursement Requested \$ \_\_\_\_\_**

I certify that the above-described expense(s) are true and correct and made for the use and benefit of Altrusa International, Inc. of Richardson, Texas. I understand that dual compensation is prohibited and sales tax, if any, may not be reimbursed.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Notes: Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Check # \_\_\_\_\_ Payable to: \_\_\_\_\_ Amount Issued \$ \_\_\_\_\_

Treasurer/Auditor Note: \_\_\_\_\_