



## Pink Boots Society Reimbursement Request Form

**Event Name/Purpose of Expense:** \_\_\_\_\_

**Chapter Name** (if reimbursement is coming from PBS National, please put PBS National as the chapter): \_\_\_\_\_

**Educational/Operational Component:** (complete this for this chapter meeting reimbursements) \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**City, State, ZIP:** \_\_\_\_\_

**Preferred Method of payment:**

☐ Direct Payment to Vendor/Invoice #: \_\_\_\_\_

☐ Physical Check

☐ Direct Deposit via BILL.com (Email) \_\_\_\_\_

(You'll receive an email requesting account information or BILL.com set up from Jitasa)

### Summary of Expenses

Date(s) of Expense(s)	Amount	Expense Details
<b>Total</b>		

*I certify these are valid business expenses. I have attached all documentation and copies of receipts.*

**Note: Reimbursement requests submitted more than 30 days after expense was incurred are approved and paid at the discretion of the Board of Directors and Board Treasurer.**

Please email to [accounting@pinkbootssociety.org](mailto:accounting@pinkbootssociety.org) —if the expense reimbursement is coming from chapter funds—**CC your chapter leader and/or chapter finance liaison for approval.**