

Kaleidoscope Expense Reimbursement Form

Date	Expense Description	Vendor/Payee	Amount
TOTAL			

CHECK THE COMMITTEE BOX(S) THAT CORRESPONDS TO THE EXPENSE REQUEST(S).

Committee	Committee	Committee	Committee
<input type="checkbox"/>	Awards	<input type="checkbox"/>	Judges Dinner
<input type="checkbox"/>	BA Division	<input type="checkbox"/>	Judges Gift Bags
<input type="checkbox"/>	Clerks	<input type="checkbox"/>	Judges Lunch
<input type="checkbox"/>	Conservation Exhibit	<input type="checkbox"/>	Name Tags
<input type="checkbox"/>	Entries	<input type="checkbox"/>	Photography Division
<input type="checkbox"/>	FD Challenge Class	<input type="checkbox"/>	Preview Party
<input type="checkbox"/>	FD Division	<input type="checkbox"/>	Publicity
<input type="checkbox"/>	Horticulture Division	<input type="checkbox"/>	Show Brochure
<input type="checkbox"/>		<input type="checkbox"/>	Signage
<input type="checkbox"/>		<input type="checkbox"/>	Sponsorship
<input type="checkbox"/>		<input type="checkbox"/>	Staging
<input type="checkbox"/>		<input type="checkbox"/>	Transportation
<input type="checkbox"/>		<input type="checkbox"/>	Volunteers
<input type="checkbox"/>		<input type="checkbox"/>	WFC Rental
<input type="checkbox"/>		<input type="checkbox"/>	Other

RECEIPTS OR INVOICE MUST BE ATTACHED FOR REIMBURSEMENT

PAYEE OR DONOR:
ADDRESS:

I DO NOT WANT REIMBURSEMENT. PLEASE SEND DONOR ACKNOWLEDGEMENT.

COMMITTEE CHAIR APPROVAL: _____