



**Carolinan Region, EGA
Reimbursement Form:
Trade Shows/Festivals/Etc.**

Date Submitted _____

Amount requested \$ _____
(Explain below and attach receipts)

Chapter or Region: _____ Office or Committee: _____

Requestor's Name: _____

Address: _____ Phone: _____
(City) (State) (Zip)

Requestor's Email: _____

Event Name: _____

Event Location: _____

Event Dates: _____

Brief explanation of expenses:

Please attach receipts.

----- For CAR Treasurer's or Region Director's use only -----

Approved by (CAR Treasurer/Region Director)

Date approved _____

Paid: Check No. _____ Date: _____ Amount: _____

Charge to:	Account name or number	Amount
	_____	_____
	_____	_____
	_____	_____