

Dansville Michigan Historical Society
Expense Reimbursement Form

Expense Reimbursement Request Form

Please make check payable to:

Member Name: _____

Member Address: _____

City/State/Zip: _____

EXPENSES:

Date of Expense	Explanation of Expense	Project or Activity	Account/Purpose Admin/Accounting use only	Amount
Subtotal				\$
Advance Payment Towards Expenses				\$
Expenses Less Advance Payment				\$
Total Reimbursement Amount				\$

Please attach original receipts and submit a form within 30 days of expense.

Check one to elect to make this expense a contribution/donation to DMHS:

- I would like to contribute the total amount to DMHS
- I would like to contribute \$_____ to DMHS
An acknowledgement letter will be sent if your donation is over \$250.

Member Signature: _____ Date _____

Approved by: _____ Date _____

Officer Title: _____

