



NOLA JESTERS

EAGLE WINGS MOTORCYCLE ASSOCIATION REIMBURSEMENT REQUEST FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PURPOSE: (Be Specific-Name of chapter event, date and reason for expenditure)

EXPENSES:

Meals \$ _____

Lodging \$ _____

Postage Supplies \$ _____

Greeting Cards \$ _____

Event Supplies/Groceries \$ _____

Other (Identify) \$ _____ Explain: _____

Total Cost \$ _____

*****NOTE: ONLY ACTUAL EXPENDITURES WILL BE REIMBURSED*****

Expense forms are to be mailed to:

NOLA Jesters~ Treasure
Att: Mike Stevenson
28 DUNLEITH DR.
DESTREHAN LA 70047

Email: nolajesterstreas@gmail.com

Reimbursement checks will be issued at the next chapter meeting after being received.

If you would like it mailed to you please enclose a self addressed stamped envelope.

	For Office Use Only	Date Received	Check Number
Approved By: _____			
Approving Officer's Signature			
Ver. 2/8/2023			

Original receipt MUST be submitted in order to receive reimbursement. Please keep copies for your records