Name (Printed or Typed):

Amount:

Date of Purchase:

Item(s) Purchased:

Purpose:

Authorized by: (Advance authorization is expected. A board member may authorize reimbursement, if this is the best interests of Valley of the Moon.)

**Attach all receipts**

By submitting this request, I affirm this purchase was made for the benefit of Valley of the Moon and I received no personal benefit.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:

Paid by/ date: