

Riverside Bicycle Club Expense Reimbursement

(receipts must be attached)

Please reimburse (name) _____ for the following purchases:

Date	Purchased from	Description of purchase <small>(what was purchased?)</small>	Purpose <small>(why was it purchased?)</small>	Amount	Program or Event <small>(e. g. Smog to Surf, Monthly Club meeting, Christmas Party, etc.) (if applicable)</small>

Total \$

RBC Use Only		
Check Date _____	Check no. _____	
Accounting summary		
Program	Exp. Account	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

() Hold check for pick-up () Mail check to: _____

Address _____

City, State, Zip _____

I certify these purchases are proper Riverside Bicycle Club expenses, incurred in compliance with RBC policy.

Signature _____

Approved _____