

St. Louis Camera Club
Advance/Reimbursement Request

Date _____

Amount \$ _____
(Please attach receipts)

Purpose:

Make check payable to:

Name _____

Address _____

City/State/ZIP _____

Telephone _____

Requested by _____

Approved by _____

All requests for funds are to be approved by committee chairperson or the Club president and by the treasurer.

(Please copy if you need additional blank forms)