

2025 SHFC REIMBURSEMENT FORM

INSTRUCTIONS:

1. This form to be completed by the person requesting payment (“EXPENDITURE MADE BY”, below).
2. Prior to submitting this form, you must verify all material, equipment, services, and/or labor has been delivered, received or rendered in a satisfactory condition or manner.
3. A countersignature must be included. Countersignature will be the committee chairman or club officer who is responsible for, has jurisdiction over the activity, and expenditure, and is authorized to approve this expenditure reimbursement request.

NOTE: Expenditures of \$100.00 or more require approval of a board member (excluding the treasurer).

4. Attach the receipt, delivery waybill, or invoice to this form.

5. Return this form to:

Stephen Compton
9914 Spring Hill St
Highlands Ranch, CO 80129-4335

email: slcompton@me.com
phone: 303.229.1905

SUBMITTAL DATE:		
PROVIDER/VENDOR: <small>(COMPANY/RETAILER)</small>		
AMOUNT:		
EXPENDITURE MADE BY:		
	<small>(PRINTED NAME)</small>	<small>(SIGNATURE)</small>
ADDRESS:		
PHONE NO.	<small>WORK:</small>	<small>HOME:</small>
ITEMIZED DESCRIPTION OF EXPENDITURE: <small>(USE SEPARATE PAGE IF MORE ROOM NEEDED & ATTACH)</small>		
BUDGET/ACCOUNT NAME:		
PAYMENT APPROVED BY: <small>(COUNTERSIGNATURE)</small>		
	<small>(PRINTED NAME)</small>	<small>(SIGNATURE)</small>
SECONDARY APPROVAL: <small>(ONLY AMOUNTS OVER \$100)</small>		
	<small>(PRINTED NAME)</small>	<small>(SIGNATURE)</small>

TREASURER USE ONLY BELOW THIS LINE

CHECK NO.	DATE:	TREASURER:
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