

# MCE GIFT OF HOPE 2022

## REIMBURSEMENT REQUEST

Date Requested \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: (\_\_\_) \_\_\_ - \_\_\_\_\_



### DISPOSITION TO

- Mail Check to Payee       Hold Check at The MidCity Excellence for pick-up by payee  
 No Reimbursement Requested: Event Tracking / Tax purposes only

### COMMITTEE NAME & PURPOSE

---

### EXPENSE RECEIPT FOR REIMBURSEMENT:

TRANSACTION DATE	MERCHANT NAME	TRANSACTION TOTAL

**Total Reimbursement Requested:** \$ \_\_\_\_\_

**\*Attach an additional Reimbursement Request Form for additional transactions**

**All Related Receipts / Documentations MUST Accompany this Check Request**

Requested by: \_\_\_\_\_

Purchases of \$499.00 or less to be approved by

\_\_\_\_\_  
*Signature*

Purchases of \$500.00 & above to be approved  
by MCE Finance Committee

\_\_\_\_\_  
*Treasurer Signature*

**OFFICE USE ONLY:** All reimbursement requests for Gift of Hope should be coded to account # **Gift of Hope**

Check Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_

Date Mailed By (if applicable): \_\_\_\_\_