



# Clan Gillean USA



## Request For Reimbursement

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

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

The following reimbursable expenses were incurred while performing requested or approved business on behalf of Clan Gillean USA. All receipts have been included. Note: Each receipt must be labeled with the corresponding (first) column number.

\_\_\_\_\_  
Signature

	Date	Description	Tent Space or Rental	Convener Tickets (up to qty. 2) if not part of clan package	Postage/ Shipping	Mailing Supplies	Printing Costs	Other	Total Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
<b>Total Reimbursement</b>									

Return to: Clan Gillean USA Treasurer  
Mark Lane  
PO Box 1280  
Lenoir City, TN 37771-1280

Date Reimbursed: \_\_\_\_\_

Check# \_\_\_\_\_

Approvals: \_\_\_\_\_

President/Vice President  
(required if over \$500.00)

\_\_\_\_\_

Treasurer