



The Shenandoah Valley Amateur Radio Club, Inc.



P.O. Box 2273

Winchester, VA 22604

Meetings 1st and 3rd Thursday - 7:30 pm at 2925 Grace Street

2018 SVARC Reimbursement Request Form

1. Complete this form and present to the SVARC Treasurer for payment. Copy this information for your files.
2. Attach receipts to the back of form.
3. No reimbursements will be made without completed form with detailed expenditures and receipts.
4. The SVARC does not assume any obligation to reimburse expenditures beyond the amount budgeted to each committee/officer or as approved by the membership.
5. Reimbursement must be requested within 60 days of expenditure.
6. Reimbursement will be made by the Treasurer within 14 days of receipt.

Date: _____ Office/Committee: _____

Name: _____ Address: _____

<u>2017</u>	<u>Description</u>	<u>Amount</u>
ARRL (\$150.00)	_____	\$ _____
Grace Street Operations (\$650.00)	_____	\$ _____
Repeater Site (\$500.00)	_____	\$ _____
Field Day (\$650.00)	_____	\$ _____
Admin (\$600.00)	_____	\$ _____
Hamfest (\$6,000.00)	_____	\$ _____
Building & Grounds (\$1,300.00)	_____	\$ _____
Socials (\$2,000.00)	_____	\$ _____
Training/Education (\$1,000.00)	_____	\$ _____
Other (Give Detailed Description)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Total Expenditures >>>>>>>>	\$ _____