



NvFRW Reimbursement Form

To enter data, tab between fields

Date Submitted _____ Amount Requested _____

Make Check Payable to _____

Address for Mailing: _____

Phone Number(s) _____

Purpose of Expense _____

Date of Expense _____ Receipts Attached _____

(For Use by Treasurer)

Date Paid _____ Amount Paid _____

Paid by: Check _____ or Zelle _____ Check #: _____

Account Type: NvFRW Operations _____ or Regents _____

Debit type (Postage, Supplies, Travel, etc.) _____

Category _____ Class _____

Authorized by (Budget, Bylaws, Executive Board) _____