

Georgetown Aero Modelers Association Request for Reimbursement

Date: _____

Amount: _____

Payable To: _____

Address: _____

Purpose: _____

Requested By

Approved By

Approved By (required for requests of \$500.00 or greater)

Do not write below this line

Completed form, including applicable receipt(s), may be submitted in person at the regularly held club meeting or returned via mail to:

GAMA Treasurer
P.O. Box 1461
Georgetown, Texas 78627