

# Idaho Financial Literacy Coalition

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## EXPENSE REIMBURSEMENT FORM (Board and Members Only)

[IdahoFLC@yahoo.com](mailto:IdahoFLC@yahoo.com)

Mail Form and Receipt(s) to Post Office Box address above, attention: "Reimbursement"

Request Date: \_\_\_\_\_

Submitter's Name: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Check if new address      Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason/Description for Expense	
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Note: Coalition expenses require board approval.

ITEMIZED EXPENSES			
Check one: <input type="checkbox"/> Receipt(s) attached <input type="checkbox"/> Receipt(s) already mailed			
Date Incurred	Item Description (Vendor)	\$ Amount	Office Use Only Account
<b>Subtotal</b>			
<b>Less IFLC Advance</b>			
<b>Total Requested Reimbursement</b>			

Office Use Only

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

Date Received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Check Sent: \_\_\_\_\_

Jumpstart