

## FMMC Reimbursement/Acknowledgment Form

(Please Select One) Reimbursement: \_\_\_\_\_ Donation Acknowledgment: \_\_\_\_\_

To: Jo-Ann Royer, Treasurer, 4342 Loyola Avenue, Alexandria, 22304-1034

Tel#: 703-370-2167

Fax#: 703-370-8437

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

Title: \_\_\_\_\_

Tel#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Category or Program Expenses Submitted For: \_\_\_\_\_

Out of Funds: General \_\_\_\_\_ Special \_\_\_\_\_

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Competition \_\_\_\_\_

Inv. Date\*      Amount                      Vendor                      Type Expense\*\*                      Reason for Expense                      Acct #\*\*\*


\* Kindly attach all invoices to this form.  
 \*\* If applicable, use the following codes: 01=Advertising, 02=Computer Supplies, 03=Copying, 04=Fax/Tel, 05=Postage, 06=Supplies (excluding computer supplies), 07=Travel, 08=Printing.  
 \*\*\* For Treasurer's Use Only.  
 Approved By: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Date Ck. Sent: \_\_\_\_\_ Ck. #: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Returned to Member Because: \_\_\_\_\_