

Scandinavian Festival Association of Sacramento

Promoting Scandinavian Culture & Heritage

REIMBURSEMENT REQUEST

Date: _____

Amount: _____

Pay to: _____

Address: _____

Description

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

REQUESTOR'S SIGNATURE

Authorized by: _____

Paid check #: _____ Date: _____

NOTE: Receipts MUST be attached to request for payment.

Submit documents or PDFs at Business meeting or mail/email to Festival Treasurer:

Brian Horsfield, 1515 Shasta Drive, Suite 3208, Davis, CA 95616
(530) 902-5796 clc6000@aol.com