



Cape Cod Hospital Auxiliary Orleans Branch

Reimbursement Form

Board Members and Committee Chairs: Please PRINT OUT this form and use it when you need to be reimbursed for expenses or fill the form (Adobe Reader) and print. All requests for reimbursement should have receipts attached.

Committee or Board Name _____

Event/Purpose _____

Itemized Expenses (please attach all receipts)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total _____

Signed _____

Print Your Name _____

Date _____

Please submit all expenses to your Committee Chair or the Treasurer as promptly as possible. Thank you.