

# REDLANDS CAMERA CLUB

## Reimbursement / Payment Form

**Reimbursement**

Amount of reimbursement: \_\_\_\_\_

**Pay a Business / Speaker**

Business/Speaker: \_\_\_\_\_

**Items purchased and reason:**

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**Send Check To**

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

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

*Receipts must be attached.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_