

TRI-STATE ISLAMIC CENTER

4980 Radford Ct Dubuque, IA 52002

Phone: (563) 503-5588

Website: www.tristateislamic.center

A non-profit religious 501(c)(3) organization



REIMBURSEMENT FORM

For reimbursement, please attach all original invoices/receipts to this form for consideration. Without said invoices, form is deemed incomplete and cannot be process.

Requestor Information

Full Name: _____ Date: _____

Event: _____

List of Expenses

Date of Exp	Explanation of Expense	Project or Activity	Account/Purpose Office Use Only	Amount
Subtotal				\$
Advance Payment Towards Expenses				\$
Expenses Less Advance Payment				\$
Total Reimbursement Amount				\$

Disclaimer and Signature

I certify in front of Allah and the Believers that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

OFFICE USE ONLY

Comments & Notes

ACCEPTED DENIED

President/Vice President Signature: _____ Amount: _____

Treasurer Signature: _____ Date: _____