**REIMBURSEMENT REQUEST**

(for when you have advance funds personally)

Instructions:

1. All requests should be emailed to:  treasurer@nsanyc.org
2. The subject line MUST read “Reimbursement - [Enter Vendor Name].”  The dash must have a space before and after as we will be using a filter to folder these requests and if not specific it will not be filtered correctly.
3. Each request for reimbursement must include an invoice/receipt containing vendor info and payment remittance method requested and details with regard to same.
4. Reimbursements will be paid twice per month on or about the 13th and the 28th day of the month (no one-offs except in case of true emergency)
5. The body of the email or attachment must contain the following information.

|  |  |
| --- | --- |
| Payment Date:  |  |

|  |  |
| --- | --- |
| Vendor Name:   |  |

|  |  |
| --- | --- |
| Amount:   |  |

|  |  |
| --- | --- |
| Name of Person to Reimburse   |  |

|  |  |
| --- | --- |
| Method of Reimbursement and Details:   |  |

|  |  |
| --- | --- |
| Purpose:   |  |

|  |  |
| --- | --- |
| Approved By: |  |

**RECEIPT MUST BE ATTACHED TO THIS REQUEST**