

DI TEAM REIMBURSEMENT REQUEST FORM

TODAY'S DATE: _____

NAME: _____

CHECK WILL BE MADE PAYABLE TO THIS PERSON

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

Receipt Date	Vendor Name	\$ Amount	Description of Expense
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REIMBURSEMENT \$ AMOUNT REQUESTED		\$	

Sales tax is not reimbursable

SIGNATURE OF RECIPIENT: _____

Teams may be reimbursed up to the following amounts:

Change of Pace = \$200	In Plain Sight = \$150	Get a Clue = \$150
Close Encounters = \$25	Musical Mashup = \$125	The Meme Event = \$150
Change in Direction = \$50		

Teams will only be reimbursed for items that are used to solve the challenge.
Submission deadlines: Sat. Feb. 6th, Thurs., Feb. 25th, and Tues., March 22nd

Please staple receipts to the back of this form and submit this information to Kristy Seitz.

OFFICE USE ONLY:

Reimbursement allotment verified by:

DI SPONSOR: _____ DATE: _____

Reimbursement processed by:

TREASURER: _____ DATE: _____