

**Black Rose Wings  
Chapter PA-V  
REIMBURSEMENT REQUEST FORM**

Date: \_\_\_\_\_ Division = PA: / Chapter = V \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Phone: # \_\_\_\_\_  
 Wing Rider MEMBERSHIP: # \_\_\_\_\_

**EXPENSES:**

X	EXPENSE TYPE:	ITEM/S DISCRPTION:	EVENT TYPE:	AMOUNT:
	Rallies/Meeting/ Fund Raisers			
	Rider Ed			
	Membership Enhancement			
	Training RPM Rider Academy			
	Chapter Business Bank Charges			
	Office Supplies			
	Technology			
	Travel			
	Chapter Store (Goodies)			
	Other (identify)			
Memo:				
			<b>TOTAL &gt;&gt;&gt;&gt;&gt;&gt;</b>	

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above, I attest the above expenditures were used for the benefit of Black Rose Wings members.

**NOTE: ONLY ACTUAL EXPENDITURES WITH RECEIPT WILL BE REIMBURSED:**

\_\_\_\_\_  
 Approving Officer's Signature Date

DATE PAID> \_\_\_\_\_ CK# \_\_\_\_\_