

***Heritage Highlands Womens Golf Association***  
***Reimbursement Request***

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Name of Event/Tournament \_\_\_\_\_  
(If Applicable)

Expenses for \_\_\_\_\_

Approved by Event/Tournament Chair \_\_\_\_\_

Make check payable to \_\_\_\_\_

Amount \_\_\_\_\_

***Please attach all receipts for this reimbursement request.***  
***Thank you.***

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***For Treasurer's Use Only***

Date Paid \_\_\_\_\_

Check Number \_\_\_\_\_