



Shriners Children's®



SAN ANTONIO SHRINE AUDITORIUM 901 NORTH LOOP 1604 WEST SAN ANTONIO, TEXAS 78232-1040 TELEPHONE: (210) 496-1625

Request for Reimbursement

Reimbursement request form must be submitted to Alzafar office within 30 days of purchase date.

I am requesting reimbursement for the following expenses for purchases made on behalf of the Alzafar Shrine.

Shrine/Unit/Club: _____ Date: _____

Purpose/Reason: _____

Item(s) purchased: _____ Amount: \$ _____

Shriner signature: _____

Printed name: _____ phone: _____

Make check payable to: _____

_____ *Please mail check*

_____ *I will pick up at Alzafar office*

Address: _____

City: _____ Zip: _____

Attach original receipt or invoice and submit it to the Shrine office.

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OFFICE USE:

Approved by: _____ Date: _____

(Divan signature)

Account # _____