

# REQUEST FOR REIMBURSEMENT OR SUBMISSION OF CREDIT CARD CHARGE

Please sign and attach all receipts and/or invoices

Friends of the Bulverde Area Rural Library District (FOL)

The undersigned certifies that these purchases and/or expenses were necessary to effectively and efficiently carry out a program or activity of the Friends of the BARLD and that the nature of such purchases and/or expenses incurred did not in any manner result in a personal benefit to the claimant. If this is a claim for reimbursement, claimant further certifies that the cost of such items has been fully paid as evidenced by receipts attached hereto. If this is a credit card charge, attach receipts. Reimbursements and credit card charges must be within approved FOL budget. Requests for reimbursement or credit card charges that exceed approved budget require board approval.

Personal Reimbursement amount: \_\_\_\_\_ Report of Credit Card Expense \_\_\_\_\_  
(Brief description of purchases/expenses)

Purchases/Expense made on behalf of: \_\_\_\_\_  
(Committee involved/related to budget item)

Amount requested/charged: \_\_\_\_\_ Date(s): \_\_\_\_\_

Requested or charged by: \_\_\_\_\_

## RETURN FORM TO FOL TREASURER BEFORE THE END OF THE MONTH

If Seeking reimbursement for less than \$100, reimbursement will be made by PayPal or Zelle You will have to assure that you are able to receive payment through one of these platforms.

Do you wish reimbursement made through PayPal or Zelle. Circle your preference.

If PayPal indicate name of account (usually an email, mobile number ) \_\_\_\_\_

If Zelle, indicate mobile phone number or email \_\_\_\_\_

Payment authorized by: \_\_\_\_\_ Title \_\_\_\_\_  
(Signature of Committee Chair or other authorized individual certifies expense is within approved budget or if exceeds budget, board approval was received. Provide date approval was received.)

\_\_\_\_\_  
Signature of Treasurer, President or Vice President (President or Vice President must sign for reimbursements or credit card charges made by Treasurer)

### For internal records:

Date paid: \_\_\_\_\_ Check # \_\_\_\_\_ or Bank Bill Pay # \_\_\_\_\_ or Credit Card Charge \_\_\_\_\_

Total amount \_\_\_\_\_ Account # \_\_\_\_\_ Class \_\_\_\_\_

Total amount \_\_\_\_\_ Account # \_\_\_\_\_ Class \_\_\_\_\_

May 1, 2024