

Theta Tau Reimbursement Form

Name:

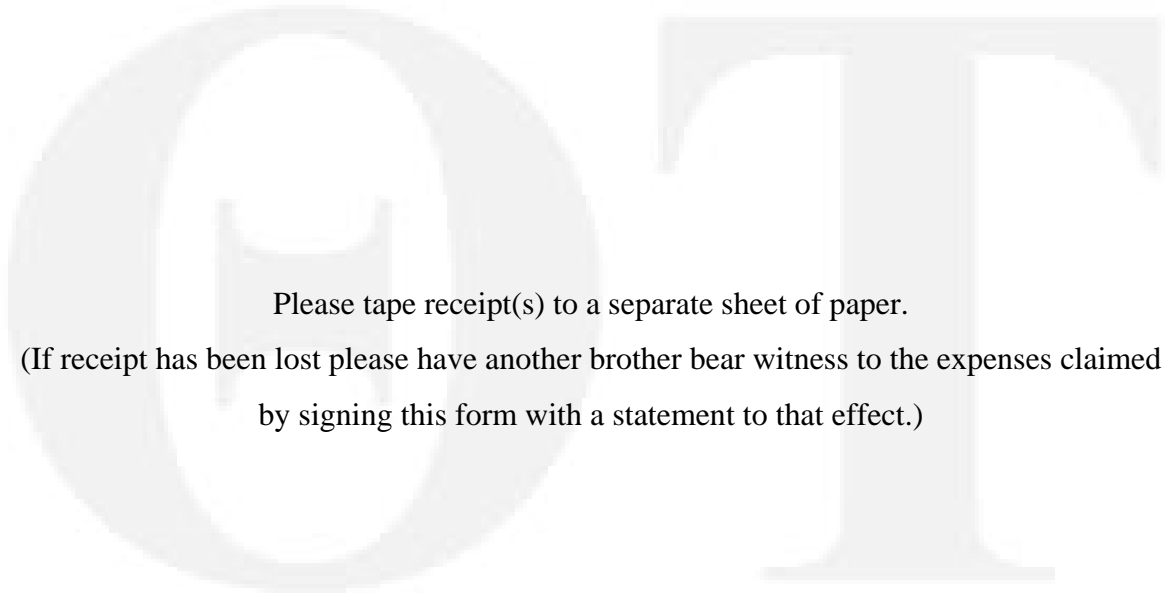
Amount:

Current Date:

Event Title:

Date(s) of event:

Description of Expense (brief):



Please tape receipt(s) to a separate sheet of paper.
(If receipt has been lost please have another brother bear witness to the expenses claimed
by signing this form with a statement to that effect.)

----- For Internal Use Only -----

Received On: _____

Reimbursement Paid to Brother: Date _____

E-Council Reimbursement: Date _____