



Alberta Highland Dancing Association

Request for Reimbursement

Date: _____, 20 ____

Name: _____

Reason for Purchase: _____

Receipt(s) attached: YES NO

Date of Purchase	Vendor	Description	Amount

Original receipts, unless otherwise approved, must be submitted, and attached. All reimbursements must be submitted within 60 days of purchase and prior to August 31st of the dance year.

Total amount of reimbursement \$ _____

Signature of purchaser _____

Approved for payment by _____

Date on cheque _____ Cheque # _____