HINDU CENTER, CHARLOTTE, NC
FINANCE MANAGEMENT COMMITTEE

REQUEST FOR REIMBURSEMENT
and
AUTHORIZATION OF PAYMENT

Section 1 **To be completed by the person to whom the payment is to be made.**

To: The Hindu Center- Treasurer **Date**_____

Pay to: Name_____ | **Send Payment to:**
|
Brief Description of purpose of expense: | **Address:** Street_____
|
_____ | Town/State/Zip_____
|
Is the expenditure budgeted? Circle one Yes □ No | **Your Name:** **Your Signature**
I do not know |
All receipts attached? □ Yes □ No | _____ _____

Authorizing Person's Name & Position in HC Administration: _____
Name **Position**

==========

Section 2 **To be completed by the Committee Chair or the Event/Activity Coordinator.**

Name of your Committee: _____ **The Event/ Activity**_____

Is the expense item covered in your budget? □ Yes □ No **I authorize the payment. □ Yes □ No**
CHART ACCOUNT #_____

_____ _____
Chairperson's Name **Chairperson's Signature**

==========

Section 3 **I authorize the payment. □ Yes □ No** **I authorize the payment. □ Yes □No**

_____ _____
BOT Chairperson's Signature Date **President's Signature Date**

==========

Section 4 **Approval by Finance Management Committee**

This committee/ event has approved budget: □ Yes □ No

The item for which expense is made is covered in budget: □ Yes □ No □
CHART ACCOUNT #_____

Comment:_____

I authorize the payment. □ Yes □ No _____
FMC Chairperson's Name Signature Date

==========

Section 5 **Payment by Treasurer** **Amount Paid:$**_____**Check No.:**___ **Date:**_____

_____
Treasurer's Name Signature