



Reimbursement Request Form

San Diego Bonsai Club

Date: _____ Activity/Purpose: _____

Print Name to Pay: _____

Address: _____

Telephone number: _____

Signature: _____

Please attach original receipt and brief description:

Total Requested: _____

Date Paid: _____

Check Number: _____

Thomas Cylkowski

Treasurer's Name

Treasurer's signature: