Mason Touchdown Club Expense Reimbursement Form

TDC Event: _____
Date of Event: _____
Make Check Payable to: _____
Address: _____
Total Reimbursement Due: _____

Store Name	Date Purchased	Description of Item(s) Purchased	Amount
		TOTAL =	

PLEASE NOTE: All receipts must accompany this expense reimbursement form. Please return receipts and form to the Mason TDC Treasurer and submit within one week of the event. Please fill out this form completely. Forms can be submitted electronically to treasurer@thelonggreenline.com.

For TDC Treasurer Only: Date Check Written _____Check # _____ Approval _____