



# Friends of SFMGA Expense Reimbursement Form

(please attach receipts)

Requestor Name: \_\_\_\_\_

Pay to: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Explanation of Expense:	Type*	Amount
<b>Total</b>		\$

\*Supplies, Web related, other

Your Signature:
Board Member:
Board Member:

Check Number	Amount	Date

Please submit this completed form (including receipts) to:

**Preferred method:** scan and email to *Friends of SFMGA* Treasurer: Cullen Hallmark [riorider@icloud.com](mailto:riorider@icloud.com) OR Mail to: Friends of SFMGA Treasurer, 3229 Rodeo Rd. Santa Fe, NM 87505