**Kiowa Chapter Expense Reimbursement Form**

\*This form must accompany all requests for reimbursement made against Kiowa Chapter. All expenses must be approved by the Vice Chief of Finance, Chapter Chief, or Executive Committee prior to disbursement of funds.

Name:

Date:

Description of Expense:

Total:

Authorized by (print):

Cost center (circle one): Administration Programs American Indian Affairs

Communication Finance Other

I authorize the payment of the above total amount to said member, to be debited against the above cost center.

Authorization (signature):

Date:

**Official Use Only**

Status (circle one): Paid (Cash) Rejected

Total Amount:

Reimbursed by: