

Tucson Social Singles Reimbursement/Advance Claim Form
P. O. Box 35454 Tucson, Arizona 85740

To receive reimbursement for TSS incurred expenses complete this form and mail to the above address. Receipts must be submitted **within 30 days** of the expenditure. Any amount over \$50 must be approved by the Board of Directors.

Please do not mix TSS purchases with personal purchases on the same receipt.

Request Date : _____ Type of request: ADVANCE EXPENSE

This expense is associated with: _____

| | <u>Description of Expense</u> | <u>Date of the Receipt</u> | <u>Amount</u> |
|----|-------------------------------|----------------------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

TOTAL Requested: _____

Make check payable to: _____

Address: _____

Signature: _____

Check # _____ Dated _____ Amount _____ was issued as payment.

_____ Tucson Social Singles Treasurer