

Charbonneau *Arts* Reimbursement Request

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Request for Reimbursement:

A. Budget category: _____

B. Description of Expenditure:

Receipts must be attached

C. Amount: _____

Action:

A. Approval: _____ Date: _____

B. Check or transaction Number: _____

The Charbonneau Art Association is a non-profit 501(c)(3) organization that helps young artists.

Federal ID: # 47-4653404