



Chesapeake Region, Porsche Club of America
Request for Reimbursement Or Cash Advance

If you are seeking reimbursement for expenses or a cash advance relating to a Chesapeake Region event, please provide the information listed below and forward the request, together with original receipts attached, to:

Lynda Sobus, Treasurer
PO Box 767
Havre de Grace, Maryland 21078

Name _____ Telephone _____
Address _____ E-mail _____
City _____ Zip _____

Description of Expense for: _____
(name of event or activity)

Date	Amount	Name of Vendor or Supplier	Explanation (use reverse side if necessary)
Total			

Reason for Cash Advance:

NOTE: When filling this form out on your computer, please "save as" the amended document by substituting your last name and date (mo-yr) for the "XXX" in this form's file name

For Treasurer's Use

Date Request Received _____
Date Check Mailed _____
Check Number _____