



**EL DORADO COUNTY MINERAL AND GEM SOCIETY**  
**PO Box 950**  
**Placerville, CA 95667**

**Request for Payment To Vendor or Member Reimbursement**

Budgeted expenditures approved by the appropriate budget manager should be billed directly to the Society by the vendor providing the service or the goods. In the event that this is not possible and out-of-pocket expenses are incurred, requests for reimbursement of budgeted expenditures must be submitted to the Treasurer for payment within 30 days of the incurred expense and no later than November 15<sup>th</sup>

**Item Description:**

**Cost of Item:**

**Receipt Attached:     Yes     No (Check One)**

**Budget Account Number:**

**Committee Chair Notified:     Yes     No (Check One)**

**Committee Chair Name:**

**If this is a member reimbursement, provide member name, and mailing address.**

**If this is to be paid directly to vendor provide vendor's name and mailing address.**

**Respectfully submitted:**

\_\_\_\_\_ **Member Signature**

\_\_\_\_\_ **Date**