



## SI Rogue Starlight

P.O. Box 641, Medford, OR 97501

Tax ID # 93-1287522

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### Request for Reimbursement

**Date of Request:** \_\_\_\_\_

**Committee / Project:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Amount of Check:** \_\_\_\_\_

**Describe what is being or was purchased: (Supplies, donations, registration fees, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Attach receipt or Invoice.**

**Please make check payable to:** \_\_\_\_\_

**Mail the check to this address:** \_\_\_\_\_

\_\_\_\_\_

<b>Processing</b>
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**Request received on :** \_\_\_\_\_ **By:** \_\_\_\_\_

**Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Request mailed on:** \_\_\_\_\_ **By:** \_\_\_\_\_