



Cary Newcomers Club, Inc.

P. O. Box 5071, Cary, NC 27512-5071

Reimbursement Request

Date: _____/_____/_____

Pay to: _____

Mailing Address: _____

Amount: _____

Activity / Purpose: _____

Signature of Requestor: _____

Signature of Person with Approval Authority for Line Item: _____

Requests over \$500.⁰⁰ must be signed by the CNC President or another Executive Officer!

Please ensure all receipts accompany this form!

Submit completed forms to:

Cary Newcomers Club, Inc.
Attn: Treasurer
P.O. Box 5071
Cary, NC 27512-5071