



Expense Reimbursement Form

Southern Lancaster County Chamber of Commerce
 Tax ID: 23-2824958

Complete the form, attach all receipts and mail to:
Southern Lancaster County Chamber of Commerce
 PO Box 24
 Quarryville, PA 17566

Please identify and list expenses below.

Project Name:

Date:	What was purchased:	Cost:	Payable to:
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Total Reimbursement: \$ _____

I certify that all expenses listed above were incurred for the benefit of the Southern Lancaster County Chamber of Commerce and I am requesting to be reimbursed for these expenses.

 Signature

 Date