



# Pewaukee Area Arts Council

## Request for money or expense reimbursement

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check request or in-kind contribution

Description of request or in-kind contribution:

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### **Please include original receipt or paid bills**

Please submit/send completed request form to:

PAAC Treasurer

Melinda Kanavas

W276N2641 Lilly Court West

Pewaukee, WI 53072

\_\_\_\_\_ In-kind contribution

\_\_\_\_\_  
PAAC signature (acknowledged on behalf of PAAC)

For office use:

Date reimbursed: \_\_\_\_\_ Check No. \_\_\_\_\_

Receipt Attached: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_