

NIGC EXPENSE REIMBURSEMENT REQUEST

Treasurer's Use
Date _____
Check # _____

DATE _____

PERSON REQUESTING _____ Phone _____

COMMITTEE/PROJECT _____

REQUESTED AMOUNT \$ _____ ATTACHED ARE RECEIPTS
(itemize on back or attach itemization) RECEIPTS ARE FORTHCOMING

REASON FOR REQUEST _____

PAYEE NAME _____

MAIL CHECK TO PAYEE REQUESTOR

Address _____ City _____ Zip _____

SPECIAL INSTRUCTIONS _____

MAIL REQUEST NIGC
PO BOX 14688
LONG BEACH, CA 90803-4688

DROP OFF REQUEST BEVERLY BUTTERS LANE
5711 E CORSO DI NAPOLI
LONG BEACH, CA 90803
(562) 433-4333 cell

EMAIL REQUEST BEVERLYBUTTERS@AOL.COM