

Honolulu Museum of Art

Docent Council Reimbursement Form

Date of Request	
Item and reason for purchase	Cost paid (fill out below)
Amount of Total Reimbursement:	
Requested by: Print name: Signature:	
Address where reimbursement should be sent.	
Attach original receipts with this form.	Treasurer's signature

Please fill out above form. Place original receipts (taped) onto a separate blank sheet of paper. Xerox this form and the receipts. Leave this form and original receipts AND the Xeroxed copies in the reimbursement manila envelope which is next to Betsy's desk in the Education Department (2nd floor).

Questions? Email Evelyn Redman eveken@hawaiiantel.net