



Clan MacLean Association in the United States, Inc.

A MEMBER OF CLAN MACLEAN INTERNATIONAL

P.O. Box 61066

Raleigh, NC 27661-1066

Our Website: www.maclean.us.org International: www.maclean.org

Request for Reimbursement

Name: _____ Date: _____

Address: _____

The following reimbursable expenses were incurred while performing requested or approved business on behalf of Clan MacLean Association in the United States, Inc. All receipts have been included.

Note: Each receipt must be labeled with the corresponding (first) column number.

Signature: _____

	Date	Description	Tent Space or Rental	Convener Tickets (max2) If not part of clan package	Postage/Shipping	Mailing Supplies	Printing Costs	Other	Total Receipt
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Total Reimbursement:

Mail To: Connie McLean Sutton
Treasurer
Clan MacLean Association in the United States, Inc.
P.O. Box 61066
Raleigh, NC 27661-1066

Date Reimbursed: _____

Check #: _____

Approvals: _____

President/Vice President
(Required if over \$500.00)

