Grenada Cultural and Civic Association of South Florida

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Established since 1988

Grenada Cultural & Civic Association
Event Reimbursement Form

"To Aspire, Build, Advance, As One People, One Family"

Name: _____
First MI Last

Please select the event that you intend to ambassador OR list the purchase you are requesting reimbursement:

☐ **Trinidad Independence Ball** **Date: :**_____ **Cost:** _____

☐ **Barbados Independence Ball** **Date: :**_____ **Cost:** _____

☐ **Jamaica Independence Ball** **Date: :**_____ **Cost:** _____

☐ _____ **Date: :**_____ **Cost:** _____

☐ _____ **Date: :**_____ **Cost:** _____

Mailing Address:_____**City:**_____**Zip:**_____

Phone: Home _____ **Cell** _____ **Best Time to Call**

Email:_____ **AM** ☐ **PM** ☐

By signing this form, I understand that as I am requesting partial reimbursement for attending one of the above functions from the Grenada Cultural & Civic Association that I am acting as an ambassador for the organization. Therefore, I shall uphold its bylaws and represent the organization in the utmost respect. I am submitting this form at least one week prior the scheduled event to ensure that the designated executive officers will approve it and notify you of its decision within 2-3 days or respectable time prior to the event.

OR

By signing this form, I am certifying that I have made legitimate and necessary purchases on behalf of the Grenada Cultural and Civic Association and am requesting reimbursement. Furthermore, I have attached the copies of tickets purchased OR receipts ***within six month*** of purchase for accounting purposes.

Signature_____ **Date**_____

Executive Official Use Only

President:_____ **Date:**_____ **Approve:** ☐ **Deny:** ☐

Treasure:_____ **Date:**_____ **Approve:** ☐ **Deny:** ☐

Notes:_____

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