

AIKEN NEWCOMERS REIMBURSEMENT FORM

Name of the Event:

Date of the Event:

Expenses Itemized	\$ Amount
Total Amount Requested	

Signature:

Payable To:

Please complete the Reimbursement form, attach all receipts and send to:

**BJ Schreier
107 Pebble Beach Ct.
Aiken, SC 29803**