



2026 EXPENSE REIMBURSEMENT FORM

To request expense reimbursement, complete this form, save, and send to olc@olc.org as an attachment or print and fax or mail to the OLC.
PLEASE SUBMIT WITHIN 30 DAYS OF INCURRED EXPENSE.

Date of Request: _____ Unit/Committee Name: _____ Place/Location Name: _____	Submitted by (Name): _____ Address: _____ Phone: _____ E-mail: _____
--	---

COMMENTS: _____	UNIT EXPENSE: <div style="text-align: right;"> \$ _____ \$ _____ \$ _____ \$ _____ TOTAL: \$ _____ </div> ATTACH RECEIPTS
-------------------------------	---

	OLC OFFICE USE ONLY: Date Received: _____ Account #: _____ Approved by: _____ Vendor #: _____ Voucher #: _____
--	--