

Virtual Event Expense Reimbursement Form

Personal Information

Full Name

Email

Phone Number

Role or Affiliation with Nonprofit

Event Information

Event Name

Event Date

Event Location (Virtual)

Expense Details

Date of Expense

Expense Category

Amount (\$)

Expense Description

Attach Receipt (optional)

Choose File

No file selected

Reimbursement Details

Payee Name (Who should be reimbursed?)

Payee Address

Preferred Payment Method

Additional Notes