

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:

**Gail Guerrina
116 W. Middlebury Lane SW
Aiken, SC 29803**