

# Buncombe County Beekeepers Chapter Purchase / Reimbursement Request

Requested By \_\_\_\_\_ Request Date \_\_\_\_\_

Reimbursement for ...  BCBC  
(select only one)  Bee School

Reason for Purchase \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date	Place of Purchase	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>			_____

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approved By**

President _____	Date _____
Treasurer _____	Date _____
Check # _____	Date _____