

# FRIENDS of the Blue Ridge Parkway

## Chapter Expense/ Reimbursement

Chapter Name: \_\_\_\_\_

Type of expense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchase Amount: \$ \_\_\_\_\_

Purchase method: FRIENDS Visa or Individual Purchase

Send Reimbursement to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach receipt to this form and mail to:

FRIENDS of the Blue Ridge Parkway

**Attention: Chapter Reimbursement**

PO Box 20986

Roanoke, VA 24018

Date Chapter P&L updated: \_\_\_\_\_

By whom: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_