



Imperial Court of Washington, DC

P.O. Box 2616
Washington, DC 20013

Request for Payment or Reimbursement

The following expenses were previously authorized by the Board of Directors of the Imperial Court of Washington, DC and are to be paid as directed below.

Receipts must be attached to this voucher/reimbursement form before a check will be issued.

Submit in-person or via mail to: The Imperial Court of Washington, DC / PO Box 2616 / Washington, DC 20013-2616

Check Payable to: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Expense: _____

Amount of Expense: \$ _____

Signature of Requestor: _____

Printed Name of Requestor: _____

President/VP Approval: _____ Date: _____

Treasurer's Approval: _____ Date: _____

Check Number: _____ Check Date: _____ Check Amount: \$ _____

Reason if less than request: _____

Taxable amount deducted (if applicable): \$ _____

Attach Receipts