



## Down Syndrome Association of GWS Reimbursement Form

Complete this form to be reimbursed for DSAGWS approved expenses and submit **the form and all receipts** in one of the following methods: scan and email them to [info@dsagws.org](mailto:info@dsagws.org), or send them to DSAGWS Attn: Treasurer, PO Box 144, Pfafftown, NC 27040.

Member: \_\_\_\_\_ Submission date: \_\_\_\_\_

Address: \_\_\_\_\_

Category of Reimb: \_\_\_\_\_ Amount: \_\_\_\_\_

<b>National conference</b>	
<b>Local conference</b>	
<b>Buddy Walk</b>	
<b>Other Fundraising:</b>	
<b>Family Gatherings</b>	
<b>Ladies Night Out</b>	
<b>D.A.D.S. Group</b>	
<b>Community Educational Programs</b>	
<b>Sunshine Fund</b>	
<b>Business Operations / Supplies</b>	
<b>Marketing / Advertising</b>	
<b>Resource Notebooks/Gift Boxes</b>	
<b>Social Animals Group</b>	
<b>Next Chapter Book Club</b>	
<b>Other:</b>	

Member Signature: \_\_\_\_\_

**Treasurer's action:**

Approved: \_\_\_\_\_ amount reimbursed on \_\_\_\_\_ (date)

Not approved \_\_\_\_\_ deferred \_\_\_\_\_