

**Genesee Valley Chapter  
Request for Refund for Expenses**



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

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

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

Email : \_\_\_\_\_

Phone: \_\_\_\_\_

<b>Request for:</b>	<b>Cost</b>	<b>Item</b>
Postage	_____	_____
Hotel	_____	_____
Travel	_____	_____
Other	_____	_____
	_____	_____

Totals :        \$ \_\_\_\_\_

Committee \_\_\_\_\_

Committee Chair Approval signature \_\_\_\_\_

**Mail Request to:**    *Sue Chalupa Breese  
48 Winding Brook Drive  
Fairport NY 14450*

**PLEASE STAPLE required RECEIPTS TO THIS REQUEST**