



MARINE CORPS LEAGUE OUTER BANKS DETACHMENT 1264 CLAIM FOR REIMBURSEMENT OF EXPENSES

Name: _____ Date: _____

Phone Number: _____ E-Mail: _____

1. A claim for the reimbursement of expenses is submitted as listed below.
2. Receipts for the items listed below are attached.

Purchase Date	Item / Description of Use	Amount
Total		

Claimant's Signature

Authorizing Detachment Officer's Signature

Authorizing Detachment Officer's Name

Authorizing Detachment Officer's Title

PAYMASTER USE ONLY	
Check Number:	_____
Date Paid:	_____