

# **Georgetown Aero Modelers Association Request for Reimbursement**

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

Amount: \_\_\_\_\_

Payable To: \_\_\_\_\_

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

\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Requested By**

\_\_\_\_\_  
**Approved By**

\_\_\_\_\_  
**Approved By** (required for requests greater than \$500)

\_\_\_\_\_  
Do not write below this line

Completed form, including applicable receipt(s), may be submitted in person at the regularly held club meeting or returned via mail or Email to:

GAMA Treasurer  
P.O. Box 1461  
Georgetown, Texas 78627  
[rays3606@gmail.com](mailto:rays3606@gmail.com)