Buncombe County Beekeepers Chapter
Purchase / Reimbursement Request

Requested By _____ **Request Date** _____

Reimbursement for ... ☐ **BCBC**
(select only one) ☐ **Bee School**

Reason for Purchase _____

_____

_____

Date	Place of Purchase	Description	Amount
		Total	

Notes _____

_____

_____

Approved By

President _____ **Date** _____

Treasurer _____ **Date** _____

Check # _____ **Date** _____