

# Nashua Special Olympics Request for Reimbursement

Submit this form with 8-1/2"x11" copy (or original) receipt in-person (or by mail)

Nashua Special Olympics  
PO Box 7764  
Nashua, NH 03060

Name of Person Requesting Reimbursement: \_\_\_\_\_

Address Where Check Should be Mailed: \_\_\_\_\_

\_\_\_\_\_

Reimbursement Amount: \$ \_\_\_\_\_ Was this Pre-Approved? Yes  No

Date of Purchase: \_\_\_\_\_

Sport or Event: \_\_\_\_\_

Simple Description of Purchase:

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Please include email address so you may be cc'd on request sent to SONH.

Email \_\_\_\_\_