

LIME BARTENDERS REIMBURSEMENT REQUEST FORM

Date of Request: _____ / _____ / _____ Requested By: _____

Total Amount of Reimbursement: \$ _____

Event Details:

Date of Event: _____ / _____ / _____

Name of Client: _____

Type of Event: _____

Expense Details (All receipts MUST be attached for reimbursement to be paid)

| Date of Purchase | Company Name | Description of Purchase | Amount |
|------------------|--------------|-------------------------|--------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Signed: _____

Authorised by: _____

Signed: _____

Date: _____ / _____ / _____