

## Reimbursement Request (No Receipt)

**Date:** \_\_\_\_\_ **Requester's Name:** \_\_\_\_\_

**Reimbursement Details:** I request reimbursement (s) for the following expense (s):

All purchases **must be approved by a manager** prior to purchase. For reimbursements, **receipts must be provided**. If a receipt is lost and cannot be obtained, please complete this form and submit it to us. Please note that **this exception is only applicable** for reimbursements **under \$100**.

Date of Expense	Description of Expense	Amount to be Reimbursed
<b>Total:</b>		

**Payment Information:** Please select your preferred payment method and provide the required details:

Payment Method	Details to Provide
<input type="checkbox"/> Zelle	Zelle ID: _____
<input type="checkbox"/> Check	Payable To: _____ Mailing Address: _____  <i>*Please note that it will take 3-5 business days for you to receive the check</i>
<input type="checkbox"/> ACH	Bank Name: _____ Account #: _____ Routing #: _____

**Terms & Conditions:**

**\*No Proof of Receipt:** By signing this request, you confirm that the requested reimbursement is for legitimate expenses incurred and that no receipt is available for this claim.

**\*Accuracy of Information:** You confirm that the information provided in this request is accurate and truthful to the best of your knowledge.

**\*Organization's Discretion:** Reimbursement will be issued at the discretion of Masjid Uthman, and payment is not guaranteed without receipt proof.

I, \_\_\_\_\_, agree to the terms and conditions of this reimbursement request and confirm that the details provided are true and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_