

LHLGXVIII – 2026 Expense Reimbursement Form

Name: _____ Phone No. _____

Address: _____

Event for which you are requesting reimbursement: _____

Total amount requested (sum of attached receipts): _____

Comments: _____

Signature: _____

The reimbursement form is for event volunteers. Be sure you have the okay from the event chair before you submit this form and original receipts to:

Georgia Richie-Lynch
2470 Hidden Hills Lane
Lincoln, CA 95648
Phone (408) 307-6047
Email georgiarlynch@yahoo.com