FRIENDS of the Blue Ridge Parkway

Chapter Expense/ Reimbursement

Chapter Name: ____________________________________________

Type of expense: __________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Purchase Amount: $ ________________________________________

Purchase method: FRIENDS Visa  or  Individual Purchase

Send Reimbursement to: ______________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Please attach receipt to this form and mail to:
FRIENDS of the Blue Ridge Parkway
Attention: Chapter Reimbursement
PO Box 20986
Roanoke, VA 24018

Date Chapter P&L updated: ___________________
By whom: ____________________________________________________________________________

Approved: ________________________________ Date: __________

FRIENDS Chapter are priceless in their Parkway community support and volunteers! Thank you!