

# Capitol A's Reimbursement Request

Pay to: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Description: \_\_\_\_\_

Total cost : \_\_\_\_\_

Budgeted item: \_\_\_\_ Yes \_\_\_\_ No

Budget Category: \_\_\_\_\_

Description: \_\_\_\_\_

Total cost : \_\_\_\_\_

Budgeted item: \_\_\_\_ Yes \_\_\_\_ No

**ZELLE PAYMENT INFORMATION** - Complete below if requesting payment by Zelle:

**PRINT Zelle Registered Name:** \_\_\_\_\_

**PRINT Zelle-Registered Email or U.S. Mobile Number:**

\_\_\_\_\_

**Requestor Certification:** I confirm that recipient's name and Zelle-registered email address or U.S. mobile number is accurate. Zelle payments may not be cancelable once authorized. The Capitol A's club is not responsible for payments sent to incorrect recipient information provided on this form.

**Requestor Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## OFFICER AUTHORIZATION FOR ZELLE PAYMENT

**Officer 1**

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

**Officer 2**

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