



**ASHRAE Columbus Chapter Reimbursement Request Form for
Safe Ride Home from ASHRAE Sponsored Event
Society Year 20__ / 20__**

(All Claims must be submitted to the Treasurer within 30 days of the event to be considered.)

Maximum reimbursement amount is \$25

Date of Event: _____ Event: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Membership # _____

Comments: _____

Email this form and your receipt to it to treasurer@ashraecolumbus.org.

Make check payable to if
different from above: _____

Address to mail check to
if different than above: _____

City: _____ State: _____ Zip: _____

President

Approval
(signature): _____ Date: _____ Approved
Amount: _____

Paid by Chapter Treasurer: _____ Check No. _____ Date: _____

This reimbursement is valid for any ASHRAE Sponsored Social Event where Alcohol is served.