



**The Royal, Sovereign and Imperial Court  
of the Central Texas Empire, Inc.  
P. O. Box 20761, Waco, Texas 76702**

**Expense Reimbursement Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Purpose of Reimbursement: \_\_\_\_\_

**Itemized Expenses:**

<b>Description of Item(s)</b>	<b>Cost</b>

**Total Cost:** \_\_\_\_\_

Signature of Person Requesting Reimbursement: \_\_\_\_\_

Signature of Treasurer or Authorized BOD Member: \_\_\_\_\_

***Reimbursement will not be made if sales receipt(s) is not included with this form.***