

**Bhàratāya Temple and Cultural Center
Lexington, Kentucky**

REIMBURSEMENT AUTHORIZATION FORM

Your Name: _____

Address: _____

Phone: _____ E-mail: _____

Amount: _____

Description of expenses and reason: _____

Receipt Enclosed: (Circle one) YES NO

Your Signature: _____

BTCC Signature 1: _____ Signature 2: _____

(Two BTCC authorized signatures required for reimbursements above \$ 250, and one signature is required for all expenses below \$ 250)
