



# VOLUNTEER RELIEF ASSOCIATION

600 Montgomery Avenue ♦ PO Box 361 ♦ West Chester, PA 19381-0361 ♦ (610) 431-3132 ♦ www.goodfellowship.com

## Preapproval of Payment/Reimbursement Request Form

To: Good Fellowship Volunteer Relief Board

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

I (*print name*) \_\_\_\_\_ am requesting the Good Fellowship

Volunteer Relief Association, Inc. to:

***Provide Payment:***

***Reimburse Me:***

for the following amount \$ \_\_\_\_\_ for the following event/item:

(*when/where/what*) \_\_\_\_\_.

Please contact me at the following: E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

If authorized I will adhere to the rules, regulations and guidelines set forth by the Relief Association. If reliefs prepays for the training and I fail to successfully complete the course and obtain the certification associated. I will reimburse the Relief Association all monies provided for the course.

Office Use Only	
President	
Vice	
Treasurer	
Secretary	