



Fiscal Sponsorship Individual Reimbursement Requests

Instructions for Project Leaders: Complete this form and submit with legible copies of receipts or supporting documentation related to expense(s). Submit one reimbursement request per person requesting reimbursement.

Save time — fill out this form online! Submit a receipt for reimbursement at <http://www.cfozarks.org/fiscalsponsorships>.

Deadlines: Payment request forms must be submitted to Ashley Walden by 3 pm on Tuesday for Thursday processing. Checks are processed weekly on Thursday and mailed or available for pick on Friday, unless there is a change due to holidays or inclement weather.

Submit requests via mail to 300 S. Jefferson, Springfield MO 65806 or email to awalden@cfozarks.org

Beginning July 1, 2025: If expense is not budgeted, please explain expense under Special Instructions.

Questions: Contact Ashley Walden at awalden@cfozarks.org or 417-864-6199.

Fiscal Project Information
1. Submitter's Name: _____

2. Submitter's Email address: _____

3. Fund/Project Name: _____

Information about the person to be reimbursed

4. Name of person to be reimbursed (first and last)

5. Address of person requesting reimbursement (address, city, state, zip)

6. Delivery method for this payment/disbursement (Check one)

- Mail to the person submitting request
- Mail to the person being reimbursed

- Mail to different address/different contact than vendor
- Overnight mail (fee will be charged to your fund)
- Certified mail (fee will be charged to your fund)
- FedEx (fee will be charged to your fund)

Receipt #1

- Date of purchase: _____
- Vendor/Store Name: _____
- Description of purchase and how the purchase is related to the project's charitable purpose _____

- Total amount to be reimbursed from the fiscal sponsorship fund _____
- Special Instructions or additional information (not required)

- Attach receipt #1

Receipt #2

- Date of purchase: _____
- Vendor/Store Name: _____
- Description of purchase and how the purchase is related to the project's charitable purpose _____

- Total amount to be reimbursed from the fiscal sponsorship fund _____

- Special Instructions or additional information (not required)

- Attach receipt #2

Receipt #3

- Date of purchase: _____
- Vendor/Store Name: _____
- Description of purchase and how the purchase is related to the project's charitable purpose _____

- Total amount to be reimbursed from the fiscal sponsorship fund _____
- Special Instructions or additional information (not required)

- Attach receipt #3