



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 Millie Schuchmann 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 425 E. Trafficway, Springfield MO 65806 or email to mschuchmann@cfozarks.org

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

Questions: Contact Millie Schuchmann, mschuchmann@cfozarks.org or 417-864-6199

Fiscal Project Information

- 1. Submitter's/Project Leader'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