

**Recruitment Reimbursement Form**

The Wisconsin DeMolay Recruitment Reimbursement Program will reimburse up to $1000 per year to offset membership events. It is intended for $500 to be used per term. The UMB will reimburse up to 2/3 the cost of the event up to $500 as long as the event is membership recruitment focused.

To submit a request, complete the 2 areas below where you will provide a description of the event and a budget for the event. Descriptions and Budgets can be as long as needed to adequately provide information. Use as much room on the form or attach as many pages as needed.

This budget form (page 1) must be submitted at least 30 days prior to the event for Executive Officer Approval. Send forms to eo@widemolay.org

If you have any questions regarding the Recruitment Reimbursement Program, please reach out to your Executive Officer.

# **Event Description and Budget (Prior to Event)**

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Description (what will be happening, beginning to end):

Event Budget (what are costs expected to be for everything/broken down by category):

Once completed, this form must be submitted to the Executive Officer at least 30 days prior to the event. The Executive Officer will inform the chapter that this request has been approved prior to the event.

Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: Disapproved:

# **Expense Submission (Following Event)**

Following your chapter’s recruitment event, expenses must be tallied and submitted to the Executive Officer for Event Reimbursement. Use as many pages for Expense Submission as are needed for your expenses. For all expenses, receipts must accompany this expense submission.

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Expense Description | Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Total Expenses Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_