

TO: CBA STATE TREASURER (by fax, e-mail, or U.S. Mail)

FROM: \_\_\_\_\_ (print name)

\_\_\_\_\_ (enter title)

Request reimbursement in the amount of \_\_\_\_\_ (enter amount)  
For the following service or purchase on behalf of the Concerned Bikers  
Association/ ABATE of NC. I have paid or will pay for this service or  
purchase myself.

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(describe what you are being reimbursed for)

By signature below, I certify this service or purchase, for which I am  
requesting reimbursement, was required for operation of the organization or  
was necessary in order to fulfill the goals and purpose established by the  
CBA/ABATE of NC Inc. constitution and by-laws. I have a receipt for the  
services or purchase (required).

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date of Request)

Mail to:

Darlene Kimsey  
State Treasurer  
CBA/ABATE of NC  
PO Box 1322  
Thomasville, NC 27301-1322

Phone (336) 880-0277  
Fax (336) 472-7838  
Email [wkimsey@mindspring.com](mailto:wkimsey@mindspring.com)