



**Expense Reimbursement Request Form**

Please make check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**EXPENSES:**

Date of Expense	Explanation of Expense	Project or Activity	Account/Purpose <b>Treasurer Use Only</b>	Amount
<b>Subtotal</b>			<b>\$</b>	
<b>Advanced Payment, if any</b>			<b>\$</b>	
<b>Total Reimbursement Amount</b>			<b>\$</b>	

Please attach original receipts and submit form within 30 days of Expense.

Check one to elect to make this expense a contribution/donation to WRJ Mid-Atlantic District

I would like to contribute the total amount to WRJ Mid-Atlantic District

I would like to contribute \$\_\_\_\_\_ to WRJ Mid-Atlantic District

*An acknowledgement letter will be sent if your donation is over \$250*

Member Signature:

Date:

Approved by:

Date:

Check #      Check Date      Account \_\_\_\_\_      Code \_\_\_\_\_