



## Expense Reimbursement Request Form

*Please make check payable to:*

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

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

City/St/Zip: \_\_\_\_\_

Date of Expense	Explanation of Expense	Project or Activity	Account / Purpose <i>District Treasurer use only</i>	Amount
<b>Subtotal</b>			<b>\$</b>	
<b>Advance payment, if any</b>			<b>\$</b>	
<b>Total Reimbursement Amount</b>			<b>\$</b>	

Check one to elect to make this expense a contribution/donation to WRJ Northeast:

I would like to contribute the total amount to WRJ Northeast

I would like to contribute \$\_\_\_\_\_ to WRJ Northeast

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

Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

**Check #** \_\_\_\_\_ **Check Date** \_\_\_\_\_

**Account** \_\_\_\_\_

**Please submit receipts and completed forms within 30 days of expense to:**

Sharon Sobel, 8 Old Farm Road, Wilton, Connecticut 06897

or email to srsobel13@yahoo.com