

**Check Request Reimbursement Form**

Use this form to request reimbursement for expenses paid on behalf of WCR and forward to the Treasurer along with copies of receipts for processing.

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| --- | --- | --- | --- |
| **Name:** |  |  |  |
| **Phone:** |  | **Email:** |  |
| **Company:** |  |  |  |
| **Address:** |  |  |  |
| **(for mailing check)** |  |  |  |
| Please attach original receipts to this form. |
| **Date** | **Event or Committee Name** | **Description** | **Amount** |
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|  |  | **Total Amount:**  |  |

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date Received by President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received by Treasurer for Processing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated 09.20.2021