



**WCR GREATER ROCHESTER CHAPTER**

**EXPENSE REIMBURSEMENT REQUEST**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**EVENT/PURPOSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note all expense requests must include receipts and must be submitted within 10 days of event. Financial Secretary will confirm funds were allocated in budget and President will approve reimbursement. President Elect must approve expenses by Chapter President.*

**Budget Approved By:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Reimbursement Approved By:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**If you wish to have a check mailed please provide address:**

\_\_\_\_\_

\_\_\_\_\_