



Date Paid: _____
Check # _____

**EXPENSE REPORT**

Check Payee: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

<b>Total Amount Requested: \$</b> _____
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Date	Budget Line Item	Explanation	Total
	e.g. President Travel & Conference Fees	e.g. State WCR Conference Registration Fee	
		Subtotal	
		Less Cash Advanced	
		Total Due	

Requested by: _____		Date: _____
Approved by: _____	President's Designee	Date: _____
Approved by: _____	LPN/PE	Date: _____
Approved by: _____	Treasurer	Date: _____

An expense report should only be submitted for expenditures approved by the Governing Board or by the discretion of the Local President and related to the approved Operating Budget. Copies of receipts must be submitted with the expense form. Reimbursement will be mailed to the address above within 14 days.

Request Received by: _____
Date: _____