



Reimbursement / Check Request Form

Name: _____ Position: _____

Address: _____

Phone: _____ E-mail: _____

Please use this form for all expense reimbursements. Be sure to list all expenses below including the vendor's name and expense description. Remember to attach all receipts to this form (required for payment).

Expenses to be Considered for Reimbursement:

Table with 3 columns: Date, Vendor Name/Expense Description, Expense. Includes a Total Reimbursement row at the bottom.

I certify that all expenses list above were incurred for the benefit of Women's Council of REALTORS® Georgia and I am requesting to be reimbursed for these expenses.

Signature _____

Date _____

Approval Signature _____

Date _____

Treasurer's Use Below
Date of receipt _____ Date of disbursement _____ Check No. _____ Mailed _____ Hand delivered _____
Additional Accounting Info. _____
Treasurer's Initials. _____