



WRJ SOUTHEAST DISTRICT

Expense Reimbursement Request Form

Please make check payable to:

Name: _____

Address: _____

City/State/Zip _____

Expenses:

Date	Explanation	Project or Activity	Account/Purpose	Amount
			Treasurer Use Only	
			Subtotal	
			Advance Payment if any	
			Total Reimbursement	

Please attach original receipts and submit form within 30 days of expense.

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

I would like to contribute the total amount to WRJ

I would like to contribute \$ _____ to WRJ

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

Member Signature: _____ Date: _____

Approved by: _____ Date: _____

Check # _____ Date: _____ Account: _____