REQUEST FOR REIMBURSEMENT

Date: ____________________________

Make reimbursement check to: __________________________________

Total amount per attached receipt(s): _____________________________

Expense for what Project / Event / Activity - Please state:
_______________________________________________________________

Signature of Person making request: ______________________________

Signature County President/Agent: _______________________________

Date: _____________________________

(The space below is for use by Treasurer)

The above requested amount of $____________ was paid on ______________
(date)

By check # _____________ to: __________________________________

from line item _____________________________ of the WCECA Budget.

_________________________________
Treasurer - WCECA

________ Trim here to fit in book