

WASHINGTON STATE WOMEN'S PUBLIC LINKS ASSOCIATION

EXPENSE REIMBURSEMENT FORM

(This form is to be used for requesting reimbursement from the WSWPLA for all personal expenditures made on behalf of the Association)

Date: _____

To: WSWPLA Treasurer

From: Name: _____

Address: _____

_____ Phone: _____

Position/Committee: _____

Itemized Expenses

<u>Description</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL REIMBURSEMENT: _____

ATTACH RECEIPTS TO THIS FORM

Signature: _____