

WPOSC Request for Reimbursement



Date Submitted: _____

Request Submitted by: _____

Address: _____

Phone: _____ E-Mail: _____

Note: An original receipt must be attached to the completed form and submitted to the Admin Treasurer within 60 days of purchase. All receipts for the fiscal year must be received by May 15th unless prior arrangements have been made with the Treasurer.

Date of Receipt	Expense Description	Amount
Total Submitted for Reimbursement Consideration		

Committee/Activity to be Charged: _____

Approved by: _____ Date: _____
Committee or Activity Chair

For WPOSC Administrative Treasurer's Use Only:

Approved by: _____ Date: _____
WPOSC Admin Treasurer

Approved by: _____ Date: _____
WPOSC President

Date Paid: _____ Check #: _____ Initials: _____

Check Mailed ? Yes No Date: _____ Signature: _____