

WPOSC Financial RequestReimbursement ☐ Vendor Check ☐ Cash Advance ☐

Submit to the administrative treasurer within 60 days of purchase; request must be received by May 15

Name:

Date:

Email:

Phone:

Mail? yes ☐
 no ☐

Address:

Requested amount:

Payable to:

Committee to be charged:

Approved by: committee or activity chair signature

Receipt
Date

Expense Description (attach original receipts)

Amount

Childcare request should include: # children, # hours, rate charged, date provided, and childcare provider

Purpose:

Signature:

Date:

I certify that all expenses listed above were for the benefit of the WPOSC and are within currently defined WPOSC guidelines. For a cash advance I am accountable for funds until original receipts are returned or funds are returned for deposit. My failure to account for advanced funds in full within 30 days will result in a debt owed to the WPOSC.

For administrative treasurer use only:

Approved by: treasurer signature

Date:

Approved by: president signature

Date:

Date Paid:

Check #:

Initials:

Mailed? yes ☐ no ☐

Date:

Signature:

The WPOSC is a private organization. It is not a part of the Department of Defense or any of its components and it has no governmental status.