



Expense Reimbursement Request Form

Please make check payable to:

Name:

Address:

City/State/Zip:

EXPENSES:

Date of Exp	Explanation of Expense	Project or Activity	Account/Purpose Treasurer Use Only	Amount
Subtotal				\$
Advance Payment, if any				\$
Total Reimbursement Amount				\$

Please attach original receipts and submit form within 30 days of expense to District President:
Sheilah Abramson-Miles, 1812 Kline Court, Louisville, KY 40205

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

- I would like to contribute the total amount to WRJ Central District
- I would like to contribute \$_____ to WRJ Central District

Please apply my contribution to the General Reserve or Leadership Development Fund

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

Submitter's Signature: _____

Date: _____

Approved by: _____

Date: _____

Check # _____	Check Date _____	Account _____	Code _____
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