WTASC Expense Reimbursement Form

Trusted Servant Name:

Position:

Expense Period

From:

To:

Purpose (Event, Function, etc.):

Date and Location of Event (if applicable):

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	AMOUNT

SUBTOTAL	
Less Any Advance	
TOTAL REIMBURSEMENT	

Don't forget to attach receipts!

_____

Trusted Servant Signature   Date

Reimbursed by Check No._____

_____

Treasurer Signature   Date