## WTASC Expense Reimbursement Form

Purpose (Event, Function, etc.):    Purpose (Event, Function, etc.):   Date and Location of Event (if applicable):   Itemized Expenses   DATE   DESCRIPTION   CATEGORY   AMOUNT	Trusted Servant Name:			Expense Period	
Purpose (Event, Function, etc.):  Date and Location of Event (if applicable):    Date   Description   Category   AMOUNT	Position:		From:		
Purpose (Event, Function, etc.):  Date and Location of Event (if applicable):    Date   Description   Category   AMOUNT			To:		
Date and Location of Event (if applicable):    Date   Description   Category   AMOUNT					
Itemized Expenses  DATE DESCRIPTION CATEGORY AMOUNT		Purpose (Event, Function, etc.):		Ī	
Itemized Expenses  DATE DESCRIPTION CATEGORY AMOUNT					
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TOTAL REIMBURSEMENT			SUBTOTAL		
			Less Any Advance		
Don't forget to attach receipts!			TOTAL REIMBURSEMENT		
			Don't forget to atta	ch receipts!	
Total Control Circular	Tanala de la companya		Data	-	
Trusted Servant Signature Date	Trusted Servant Signa	ture	рате		
Reimbursed by Check No					
Treasurer Signature Date	Treasurer Signature		Date		