

Request for Reimbursement

Date: _____

Name of Requester: _____ Phone No.: _____

Name of the Event or Fundraiser: _____

Make check payable to: _____

I am requesting to be reimbursed for expenses that I have already incurred. Receipts are attached to this form. List expenses below:

Amount	Description	Notes

This form, along with all receipts, must be turned in to the WLC Bands Board Representative for this event. The board representative will forward your request to the WLCMB treasurer, who will contact you when a check is available for you to pick up. Please note: If you do not receive a call within two days, please call your board rep or the WLC Bands President.

Approval	
Signed _____	Date _____
Position _____	