



WCR GREATER ROCHESTER CHAPTER

EXPENSE REIMBURSEMENT REQUEST

DATE: _____

NAME: _____

AMOUNT: _____

EVENT/PURPOSE: _____

Please note all expense requests must include receipts and must be submitted within 10 days of event. Financial Secretary will confirm funds were allocated in budget and President will approve reimbursement. President Elect must approve expenses by Chapter President.

Budget Approved By:

Date: _____

Reimbursement Approved By:

Date: _____

If you wish to have a check mailed please provide address:
