Women's Council of REALTORS®

Santa Clara Valley Chapter

Women's Council of REALTORSâ Reimbursement Form

NAME_____ POSITION_____

Remit to:
Address_____

City_____State_____ Zip_____

Name of Event_____Amount Requested_____

Date Event_____Date of Requested_____

Note: Your request for reimbursement **must be made within 45 DAYS from the expense to qualify for reimbursements.** You must include the receipt and description of the expense**. NO RECIEPT.....NO REIMBURSEMENT**
Any expense reimbursement **requests not made within 45 days will be subject to the Chapter Governing Board approval at it's next meeting.**

Description of Expense	Date of Expense	Receipt Attached	Amount Requested	Amount Approved
Total				

Authorized by:_____ Date Paid ___/___/___ WCR