

Expense Reimbursement Request



WOMEN'S COUNCIL OF REALTORS®

Harford County Network

Women's Council of
REALTORS®
Harford County

NAME: _____

DATE: _____

ADDRESS: _____

PHONE NO.: _____

EMAIL: _____

DETAILED EXPENSE RECORD

DATE	BUSINESS PURPOSE	AMOUNT	RECEIPTS ATTACHED Y/N
Note: Attach additional forms if more space is needed			
			TOTAL

REQUESTED BY: _____ Date _____

APPROVED BY: Julie King Schulz, 2019 President _____ Date _____

MAIL TO: _____

Check No.	Check Date	EXPENSE CATEGORY CHARGED

ISSUED BY: Lamar Hopkins, 2019 Treasurer _____

Note: In order to be reimbursed for approved budgeted items, this Expense Reimbursement Request must be submitted to the Chapter President for approval prior to Treasurer disbursing. All requests must be accompanied by receipts or reimbursement will be denied.