



**Reimbursement / Check Request
Form**

Name: _____ Position: _____

Address: _____

Phone: _____ E-mail: _____

Please use this form for all expense reimbursements. Be sure to list all expenses below including the vendor's name and expense description. Remember to attach all receipts to this form (required for payment).

Expenses to be Considered for Reimbursement:

<u>Date:</u>	<u>Vendor Name/Expense Description:</u>	<u>Expense:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Reimbursement		\$ _____

I certify that all expenses list above were incurred for the benefit of Women's Council of REALTORS® Georgia and I am requesting to be reimbursed for these expenses.

Signature

Date

Approval Signature

Date

<u>Treasurer's Use Below</u>				
Date of receipt _____	Date of disbursement _____	Check No. _____	Mailed _____	Hand delivered _____
Additional Accounting Info. _____				
Treasurer's Initials. _____				