

WTASC Expense Reimbursement Form

Trusted Servant Name:

Position:

Expense Period	
From:	<input type="text"/>
To:	<input type="text"/>

Purpose (Event, Function, etc.):

Date and Location of Event (if applicable):

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	AMOUNT
SUBTOTAL			<input type="text"/>
Less Any Advance			<input type="text"/>
TOTAL REIMBURSEMENT			<input type="text"/>

Don't forget to attach receipts!

 Trusted Servant Signature Date

Reimbursed by Check No. _____

 Treasurer Signature Date