

WTASC Expense Reimbursement Form

Trusted Servant Name:

Position:

Expense Period

From:

To:

Purpose (Event, Function, etc.):

NA-WT.ORG

Date and Location of Event (if applicable):

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	AMOUNT
			\$
			\$
SUBTOTAL			\$
Less Any Advance			
TOTAL REIMBURSEMENT			\$

Don't forget to attach receipts!

Trusted Servant Signature

Date _____

Reimbursed by Check No. _____

Treasurer Signature

Date _____