**LWV - Wilmette Reimbursement Request Form**

Please complete a separate form for each event or activity and provide form and all receipts to Treasurer, Tracy Sommer. I prefer requests for reimbursement be sent via email but you may mail, deliver or email (scanned form and receipts/invoices) to: Tracy Sommer: tracysommer@gmail.com, 812 Oakwood Ave., Wilmette, Illinois 60091. I ask that until September 1, please do not deliver requests to my house. Please email me with any questions.

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| --- | --- | --- | --- |
| **Date of Expense** | **Group /Budget Category**  | **Explanation of Expense** | **Amount** |
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|  |  |  | **Total:** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***DO*** \_\_\_ ***DO NOT*** \_\_\_ wish to be reimbursed for this expense.

 (*name)*

**Request Check Payable to**:

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Address:**

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expense approval by appropriate chairperson:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For Treasurer Use Only:*

*Check No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*