

KILLINGWORTH WOMEN'S ORGANIZATION

Request for Expense Reimbursement

To be completed by member requesting reimbursement:

Member's Name: _____ Date: _____

Event for which expense incurred: _____

Date of Event: _____

Did you use our tax-exempt number for purchases? Yes ___ No ___ If no, why not?

Please itemize your expenses in the table below with the total. Please submit this form with your original receipts attached. Make a copy for your records.

Item	Cost
Total Expense	

To be completed by Treasurer:

Date request received: _____ Receipts Attached? Yes ___ No ___

Expenses Approved: _____ Total Approved: _____

Check Number: _____ Date of Check: _____ Treasurer's Initials: _____