

WCRW Expense Request/Reimbursement Form (11/16/24 Rev. 3)

*Per TFRW Guidelines, ALL Expense Request/Reimbursements must be approved before Reimbursement is made,
ALL Receipts Must be attached or Reimbursement / Payment will be denied per TEC Guidelines*

Requestor: _____ **Date:** _____

Description of Request: _____

Make Check Payable To: _____

Address: _____

eMail Address: _____ **Phone Number:** _____

Amount: _____ **Budget Item: Y or N** **Budget Line Item:** _____

Requestor Signature: _____ **Date:** _____

Request Approved: _____ **Date:** _____

****ATTACH RECEIPTS and/or INVOICE****

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Date Paid: _____ **Check #** _____ **Mailed or Delivered on:** _____

Completed by: _____, Treasurer/PAC Treasurer