



Expense Reimbursement Request Form

Please make check payable to:

Name: _____

Address: _____

City/State/Zip: _____

EXPENSES:

Date of Expense	Explanation of Expense	Project or Activity	Amount
Sub Total			\$
Advance Payment, if any			\$
Total Reimbursement Amount			\$

Please attach original receipts and submit form within 30 days of expense to District President:

Rozan Anderson, 3456 John Muir Dr., Middleton, WI 53562

Check one to elect to make this expense a contribution/donation to WRJ Heartland District:

☐ I would like to contribute the total amount to WRJ Heartland District

☐ I would like to contribute \$_____ to WRJ Heartland District

An acknowledgement letter will be sent if your donation is over \$250.

Submitter's Signature: _____

Date: _____

Approved by: _____

Date: _____

Check # _____ Check Date _____ Account _____ Code _____

