

Membership Cash Event Reimbursement Voucher

Not having this voucher sent in with the completed membership forms may result in a delay of reimbursement.

Event Information

Date of visit	School or Event	Number of New Members

Names of New Members Only **(Number of names must match reimbursement requested)**

[illegible]

Name of unit or individual to be reimbursed _____

Phone () _____

Address _____ City _____ WA Zip Code _____

Submitted by _____ Date _____

Approved by _____ Date _____ Amount \$ _____