



#LeadersMadeHere

Women's Council of REALTORS® Reimbursement Form Washington State Network

Name: _____

Position: _____

Remit Reimbursement to: _____

Please Note: Your request for reimbursement must be made within 45 DAYS within function/purchase. Proof of purchase must be attached to reimbursement form at time of submission (i.e., receipts, computer print-out, and/or credit card bill verifying purchase).

Without a receipt - reimbursement request MAY be denied.

ITEM DESCRIPTION FOR REIMBURSEMENT	EVENT/CATEGORY	DATE OF PURCHASE	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL REIMBURSEMENT			

Date of Reimbursement Request: _____

Date of Reimbursement: _____

BH Tracking #: _____

Approval by: _____

President: _____

Treasurer: _____

The above expense accounts are accurately represented and are in compliance with WCR Standing Rules and Budget.

Thank You For Your Leadership!