



Reimbursement Request Form

Please make check payable to:

Name: _____

Address: _____ City/State/Zip: _____

Date of Exp.	Explanation of Expense	Project or Activity	Account/Purpose Treasurer Use Only	Amount
Subtotal				
Total Amount				

Within 30 days of expense, please attach original receipts and submit form to the District President for approval. Then forward to the District Treasurer.

If this is a reimbursement for expenses you incurred and you wish to donate some or all of it to the WRJ Pacific District, check the box below and fill in amount you are donating:

☐ I would like to contribute \$ _____ to the WRJ Pacific District.

(An acknowledgement letter will be sent if your contribution is over \$250.)

Check request submitted by: _____ Date: _____

Approved by: _____ Date: _____

WRJ Pacific District President

Submissions via email are acceptable. Send form and receipts to wrijpd.president@gmail.com and treasurer.wrijpd@gmail.com.

Check # _____	Check Date _____	Account _____	Code _____
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