



# **REIMBURSEMENT REQUEST**

Please staple all receipts/invoices to this voucher and return to WHEF Treasurer.

This expense voucher must be submitted to the Treasurer within 30 days of the expense and MUST have receipts/invoices attached.

NOTE: Reimbursement amount does NOT include tax. WHEF is a tax-exempt organization. Therefore, be sure to obtain a copy of our exemption form prior to purchases.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

Committee: \_\_\_\_\_

Signature: \_\_\_\_\_

**This Box is For Treasurer's Use Only**

Committee: \_\_\_\_\_ Check#: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Initial: \_\_\_\_\_