



Women's Council of REALTORS® Reimbursement Form

Name: _____ Position: _____

Remit to
Address: _____

City: _____ State: _____ Zip: _____

Name of Event: _____ Date of Event: _____

Date Requested: _____ Amount Requested: _____

Note: Your request for reimbursement **must be made** within **45 DAYS from the expense to Qualify for reimbursements.**
 You must include the receipt and description of the expense. **NO RECIEPT NO REIMBURSEMENT**
Reimbursement requests not made within 45 days will be subject to the Governing Board approval at its next meeting.

Description of Expense	Date of Expense	Receipt attached	Amount Requested	Amount Approved
		Yes		
		Yes		
Total			0	

Authorized by _____ Date Paid _____ WCR. _____
