



Expense Reimbursement Request Form

I certify that the attached statement is a legitimate claim against WPRA and that the specified goods and services have been received.

Name of person submitting request: _____
Phone: _____ Email: _____
Signature: _____ Date: _____

Reimbursement Request:

Reimbursement Amount: \$_____ Payable to: _____
Mailing Address: _____
City/State/Zip: _____

Reimbursement is requested for:

Item/Service purchased: _____
Purpose: _____

Select one:

- Event: _____ Date: _____
- Committee/Taskforce: _____ Date: _____
- Section/Region: _____ Date: _____
- Board of Directors: _____ Date: _____
- Other: _____ Date: _____

Payment authorized by: _____
Committee/Section/Board Position: _____

Note: Reimbursement request must include any invoice, receipt and all other supporting documentation for consideration.

Send completed form to the WPRA Office: office@wpraweb.org or mail to address below.