WCRW Expense Request/Reimbursement Form (11/16/24 Rev. 3)

Per TFRW Guidelines, ALL Expense Request/Reimbursements must be approved before Reimbursement is made,
ALL Receipts Must be attached or Reimbursement / Payment will be denied per TEC Guidelines

Requestor:		Date:
Description of Request:		
Make Check Payable To: _		
Address:		
		Phone Number:
Amount:	Budget Item: Y o	r N Budget Line Item:
Requestor Signature:		Date:
Request Approved:		Date:
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	ATTACH REC	EIPTS and/or INVOICE
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Date Paid:	Check #	Mailed or Delivered on:
Completed by:		, Treasurer/PAC Treasurer

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