

WASH RAG Reimbursement Form

Name: _____ Title _____
Committee: _____ Budget line item _____

	Dates of Expense(s)	Payment Method (Out of Pocket or by Business/Corporate Card)	Purpose of Expenditure(s): Please give detailed reasons for all expenditures.
#1			
#2			
#3			
#4			

PLEASE ATTACH SUPPORTING INVOICES

I certify these are valid WASH RAG budgeted expenses.

Signature Name: _____

Prepared by (Print): _____ Date: _____

I have reviewed these expenses and I believe they are true and accurate.

Approved by:

OPS TEAM or Committee CHAIRS _____ Date _____

WASH RAG TREASURER _____ Date _____

BOARD CHAIR (if over \$10k) _____ Date _____

