

## WACM Reimbursement Form

**Name:** \_\_\_\_\_ (this will be who the check is made out to)

**Email:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ (please submit within 2 weeks of event date)

**Reimbursement Amount:** \_\_\_\_\_

**Items Purchased:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Be sure to attach all receipts in order to receive reimbursement – photocopies are acceptable.  
Highlight items you wish to receive reimbursement for.

Please drop off in Allie Terrell's mailbox!  
You can expect repayment within 2 weeks of your signed date.